

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90034 025 ****70.00

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DOCUMENT # 734653 1. Entity Name THE CENTRAL PASCO CHAMBER OF COMMERCE, INC.					
Principal Place of Business 6221 LAND O' LAKES BLDV P.O. BOX 98 LAND O LAKES, FL 34639 US			Mailing Address PO BOX 98 LAND O LAKES, FL 34639		
2. Principal Place of Business 2810 Land o'lakes Blvd		3. Mailing Address Suite, Apt. #, etc. P.O. Box 98			
City & State Land o'lakes, FL		City & State _____		4. FEI Number 59-1671044	
Zip 34639		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCK, KEN 5829 EHREN CUTOFF LAND O LAKES, FL 34639				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE KEN BUCK <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 1-19-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	TITLE	Change	<input type="checkbox"/> Addition
NAME	HAYES, TIMOTHY		NAME		
STREET ADDRESS	21859 SR 54., STE 200		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME	FERGUSON, JANET		NAME		
STREET ADDRESS	23048 STATE RD 54		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	IP	<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME	DAKERS, MURIEL		NAME		
STREET ADDRESS	1523 DALE MABRY HWY., SUITE 202		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME	DUNKLEY, KATHY		NAME		
STREET ADDRESS	6221 LAND O'LAKES BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34639		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME	MOSES, TERRY W		NAME		
STREET ADDRESS	3901 LAND O'LAKES BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES, FL 34639		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Change	Addition
NAME	BENNICK, CATHY		NAME		
STREET ADDRESS	414 CHAPMAN RD E		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Kathy Dunkley Executive Director				Date 1-19-04 Daytime Phone # 813-909-2722	