


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90043 017 ****61.25

DOCUMENT # 737179 1. Entity Name EAST PASCO ASSOCIATION OF REALTORS, INC.			
Principal Place of Business 5026 7TH ST ZEPHYRHILLS FL 33540		Mailing Address 5026 7TH ST ZEPHYRHILLS FL 33540	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 59-1755416		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YAKSETIC, FRANCES B. 5026 7TH STREET ZEPHYRHILLS FL 33540		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D MCLEOD, KATHERINE 4947 GOATS RD. 34619 ST. RD. 54 W ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 34619 St. Rd. 54 W CITY-ST-ZIP
TITLE	D RORSE, SCOTT 14150 6TH STREET DADE CITY FL 33525	<input checked="" type="checkbox"/> Delete	TITLE Greg Deharue (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 37206 Clinton Ave CITY-ST-ZIP DADE City Florida 33545
TITLE	DS HURLBYRT, PATRICIA 5720 GALL BLVD ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete	TITLE Treasurer (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS Michael Prilliman CITY-ST-ZIP 34619 St. Rd 54 W Zephyrhills, FL 33541
TITLE	D WRIGHT, TAMMY 5710 GALL BLVD ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete	TITLE Secretary (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS Natalie Nelson CITY-ST-ZIP 14150 6th St Dade City, FL 33525 33545
TITLE	D OAKLEY, RONALD P O BOX 470 LAKE WALES FL 33859	<input checked="" type="checkbox"/> Delete	TITLE FAST President (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS Theresa Kelly CITY-ST-ZIP 37206 Clinton Ave Dade City FL 33545
TITLE	D NASH, RACHEL 36911 CONLEY ST ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete	TITLE (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS Allison Newlon CITY-ST-ZIP 14150 6th St. Dade City, Florida 33525
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: <i>Frances B. Yaksetic</i>		4/5/04 83783-5794 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			