

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

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90029 028 ****61.25

DOCUMENT # 737927

1. Entity Name

SOLVE OF PASCO COUNTY, FLORIDA, INC.



Principal Place of Business

6102 INDIANA AVE
NEW PORT RICHEY FL 34653
US
6102 INDIANA AVE.

Mailing Address

6102 INDIANA AVE
NEW PORT RICHEY FL 34653
US

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEW PORT RICHEY, FL.

City & State

4. FEI Number

01-0667149

Applied For

Not Applicable

Zip
34653

Country
West Pasco

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNOR, RITA M
7301 JASMINE BLVD
NEW PORT RICHEY FL 34668

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

Rita M. O'Connor, Director

Feb. 2, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.. ☐

\$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 RS
NAME SCHUMAN, BETTIE ☐ Delete
STREET ADDRESS 7540 CADIZ
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE Recording Secretary ☒ Change ☐ Addition
NAME Barbara McLaughlin
STREET ADDRESS 6108 Hidden Trails Court
CITY-ST-ZIP New Port Richey, Fl. 34655

TITLE TD
NAME DUSTEN, MARIE ☐ Delete
STREET ADDRESS 3806 SABLEWOOD DR.
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME GAZEL, MARGARET ☐ Delete
STREET ADDRESS 4449 TERRY LOOP
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MAY, EDNA ☐ Delete
STREET ADDRESS 2655 NEBRASKA
CITY-ST-ZIP PALM HARBOR FL 34684 APT. 361

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME O'CONNOR, RITA M. ☐ Delete
STREET ADDRESS 7301 JASMINE BLVD.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Rita M. O'Connor

Rita M. O'Connor

Feb. 2, 2004 727-863-2295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #