2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# 737927

Entity Name: SOLVE OF PASCO COUNTY, FLORIDA, INC.

Current Principal Place of Business:

6102 INDIANA AVE
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

6102 INDIANA AVE
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

FEI Number: 01-0667149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: RS ( ) Delete
Name: MCLAUGHLIN, BARBARA
Address: 6108 HIDDEN TRAILS COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD ( ) Delete
Name: GAZEL, MARGARET
Address: 4449 TERRY LP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD ( ) Delete
Name: BROWN, ROSE
Address: 7214 PINEWOOD DR
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP ( ) Delete
Name: GAZEL, MARGARET
Address: 4449 TERRY LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D ( ) Delete
Name: O'CONNOR, RITA M.,
Address: 7301 JASMINE BLVD.
City-St-Zip: PORT RICHEY, FL 34668 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA M. O'CONNOR D 01/20/2009
Electronic Signature of Signing Officer or Director — Date