

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 PM 12:18

DOCUMENT # 752255 (0)

1. Corporation Name

BOYS AND GIRLS CLUB OF PASCO COUNTY, INC.

Principal Place of Business

Mailing Address

• 9223 HILLTOP DR  
NEW PORT RICHEY FL 34654  
US

P. O. BOX 1  
NEW PORT RICHEY FL 34656-0001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1980

3a. Date of Last Report

05/19/1994

4. FEI Number

59-2009715

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8923 YOUTH LN  
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State  
Port Richey, FL

27 City & State

23 Zip  
FL 34668

28 Zip

Country

24 City

25 City

29

30

5. Certificate of Status Desired

☐

\$9.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHORT, JOHN M.  
13825 U.S. HWY. 19  
SUITE 304  
HUDSON FL 34667

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | D                           |
| NAME            | SHORT, JOHN M.              |
| STREET ADDRESS  | 13825 US HY19 STE 304       |
| CITY - ST - ZIP | HUDSON FL                   |
| TITLE           | D                           |
| NAME            | VINCENT, JUDY               |
| STREET ADDRESS  | 120221 ALTOONA AVE          |
| CITY - ST - ZIP | HUDSON FL                   |
| TITLE           | D                           |
| NAME            | RUSSO, SHELITA              |
| STREET ADDRESS  | 9550-17 U.S. 19             |
| CITY - ST - ZIP | PORT RICHEY FL 34668        |
| TITLE           | D                           |
| NAME            | HERDLE, PAUL                |
| STREET ADDRESS  | 13825 US 19 / STE - 403     |
| CITY - ST - ZIP | HUDSON FL                   |
| TITLE           | D                           |
| NAME            | CARAMICO, MIKE              |
| STREET ADDRESS  | 10045 INDIAN MOUND          |
| CITY - ST - ZIP | NEW PORT RICHEY FL          |
| TITLE           | D                           |
| NAME            | GRIFFITHS, JUDITH           |
| STREET ADDRESS  | 7511 LITTLE RD / CPT BLDG C |
| CITY - ST - ZIP | NEW PORT RICHEY FL          |

|                     |                                                                                         |
|---------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |                                                                                         |
| 1.3 STREET ADDRESS  | STE 404                                                                                 |
| 1.4 CITY - ST - ZIP |                                                                                         |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | GROSSMAN, JACK                                                                          |
| 2.3 STREET ADDRESS  | PO BOX 0842 0532 ALICO PASS                                                             |
| 2.4 CITY - ST - ZIP | NEW PORT RICHEY, FL 34656                                                               |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            | WALDEN, SHELITA                                                                         |
| 3.3 STREET ADDRESS  |                                                                                         |
| 3.4 CITY - ST - ZIP |                                                                                         |
| 4.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            | LEMBO, PAUL                                                                             |
| 4.3 STREET ADDRESS  | 9880 OSCEOLA DR.                                                                        |
| 4.4 CITY - ST - ZIP | NEW PORT RICHEY, FL 34657                                                               |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 5.2 NAME            |                                                                                         |
| 5.3 STREET ADDRESS  |                                                                                         |
| 5.4 CITY - ST - ZIP |                                                                                         |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 6.2 NAME            |                                                                                         |
| 6.3 STREET ADDRESS  |                                                                                         |
| 6.4 CITY - ST - ZIP |                                                                                         |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Paul Lembo, Director

4-19-95

513-867-3661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

152855 2

Boys & Girls Club of Pasco Co., Inc.

Board of Directors

Revised 4/15/95

| Name             | Position         | Address                                                              | Phone                           |
|------------------|------------------|----------------------------------------------------------------------|---------------------------------|
| John M. Short    | President D      | 13825 U.S. 19, #404<br>Hudson, FL 34667                              | 861-1181 (W)<br>856-5863 (H)    |
| Shelita Walden   | Vice President D | c/o Met Life<br>9550-17 U.S. 19<br>PR 34668                          | 847-2550 (W)<br>841-5025 (Beep) |
| Jack Grossman    | Secretary D      | <del>10632 Metro Pass</del><br><del>P.O. Box 0892</del><br>NPR 34655 | 944-2412 (W)<br>376-6634 (H)    |
| Paul Lembo       | Treasurer D      | 9880 Osceola Dr.<br>NPR 34654                                        | 868-3661                        |
| Garry Burlingame | Director D       | c/o P.L.C.<br>8723 Towne Centre Loop<br>PR 34668                     | 847-5800 (W)                    |
| Judy Vincent     | Director D       | A Quality Ans. Svc.<br>12021 Altoona Ave.<br>Hudson, FL 34667        | 863-3443                        |
| Mike Caramico    | Director D       | 10045 Indian Mound Dr.<br>NPR 34654                                  | 847-5878 (W)<br>869-7406 (H)    |
| Judy Griffiths   | Director D       | c/o C.P.T., Bldg. C<br>7511 Little Rd.<br>NPR 34654                  | 845-8080 (W)                    |
| Carla Perez      | Director D       | c/o Suncoast Printing<br>6736 Ridge Rd.<br>Port Richey FL 34668      | 842-9443 (W)<br>842-3454 (H)    |
| Carolyn Kindt    | Director D       | c/o Barnett Bank<br>8338 Embassy Blvd.<br>PR 34668                   | 861-8519 (W)                    |