

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 752255 (0)

1. Corporation Name

BOYS AND GIRLS CLUB OF PASCO COUNTY, INC.

Principal Place of Business

8923 YOUTH LANE  
PORT RICHEY FL 34868  
US

Mailing Address

P. O. BOX 1  
NEW PORT RICHEY FL 34856-00013. Date Incorporated or Qualified  
04/30/19803a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number

59-2009715

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

WALDEN, SHELITA  
9550-17 US HWY 19  
PORT RICHEY FL 34868

81 Name

Shelita Walden

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

6237 Grand Blvd. Suite 207

83

84 City

New Port Richey

FL

85 Zip Code

34652

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Shelita Walden

2697

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 ☒ DELETE  
NAME SHORT, JOHN M.  
STREET ADDRESS 13825 US HWY 19 STE 404  
CITY-ST-ZIP HUDSON FLTITLE D ☐ DELETE  
NAME GROSSMAN, JACK  
STREET ADDRESS 10532 ALICO POSS  
CITY-ST-ZIP NEW PORT RICHEY FLTITLE D ☐ DELETE  
NAME WALDEN, SHELITA  
STREET ADDRESS 9550-17 U.S. 19  
CITY-ST-ZIP PORT RICHEY FLTITLE D ☐ DELETE  
NAME LEMBO, PAUL  
STREET ADDRESS 9880 OSCEOLA DR  
CITY-ST-ZIP NEW PORT RICHEY FLTITLE D ☐ DELETE  
NAME PARKER, JUDY  
STREET ADDRESS 5432 MAIN ST.  
CITY-ST-ZIP NEW PORT RICHEY FL 34652TITLE D ☐ DELETE  
NAME BLEAU, BETTY  
STREET ADDRESS 5316 US HWY 19  
CITY-ST-ZIP NEW PORT RICHEY FL 346521.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-11-97

813-FEP-3661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6088142

CR2E037 (9/96)