


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752255					
1. Corporation Name BOYS AND GIRLS CLUB OF PASCO COUNTY, INC.					
Principal Place of Business 8923 YOUTH LANE PORT RICHEY FL 34668 US			Mailing Address P. O. BOX 1 NEW PORT RICHEY FL 34656-0001		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 04/30/1980	
4. FEI Number 59-2009715		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Trust Fund Contribution <input type="checkbox"/>		8. Name and Address of Current Registered Agent WALDEN, SHELITA 6234 GRAND BLVD., STE 207 NEW PORT RICHEY FL 34652	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent 81 Name <u>Judy Parker</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>5511 Drinkard Dr</u> 83 <u>New Port Richey Fl</u> 84 City <u>FL</u> 85 Zip Code <u>34653</u>		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 <u>Judy Parker</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME GROSSMAN, JACK STREET ADDRESS 10532 ALICO POSS CITY-ST-ZIP NEW PORT RICHEY FL	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Ewen Skirson 1.3 STREET ADDRESS 6214 US Hwy 19 N 1.4 CITY-ST-ZIP New Port Richey FL 34652	TITLE D <input type="checkbox"/> DELETE NAME WALDEN, SHELITA STREET ADDRESS 9550-17 U.S. 19 CITY-ST-ZIP PORT RICHEY FL	2.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Judy Vincent 2.3 STREET ADDRESS 1201 Alton Ave 2.4 CITY-ST-ZIP Hudson, FL 34667
TITLE D <input type="checkbox"/> DELETE NAME LEMBO, PAUL STREET ADDRESS 9880 OSCEOLA DR CITY-ST-ZIP NEW PORT RICHEY FL	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Ronnie L. Anderson 3.3 STREET ADDRESS P.O. Box 1 3.4 CITY-ST-ZIP New Port Richey FL 34652	TITLE D <input type="checkbox"/> DELETE NAME PARKER, JUDY STREET ADDRESS 5432 MAIN ST. CITY-ST-ZIP NEW PORT RICHEY FL 34652	4.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Sketch 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE D <input type="checkbox"/> DELETE NAME BLEAU, BETTY STREET ADDRESS 5316 US HWY 19 CITY-ST-ZIP NEW PORT RICHEY FL 34652	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TITLE D <input type="checkbox"/> DELETE NAME STEVE LUIKART STREET ADDRESS 7829 CAMPUS DRIVE CITY-ST-ZIP NEW PORT RICHEY FL 34653	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 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, with all other like empowered.

SIGNATURE: Judy Parker 5/13/99 727-842-5673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)