

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -2 AM 10:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 752255

1. Corporation Name

BOYS AND GIRLS CLUB OF PASCO COUNTY, INC.

Principal Place of Business

Mailing Address

8923 YOUTH LANE
PORT RICHEY FL 34668
US

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



600025938816
01/02/04--01051--012 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1980

5. FEI Number

59-2009715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PED XXX	MILLS, BRUCE	7916 CONGRESS ST.	PORT RICHEY FL 34668
PD			
PPD VPD	VINCENT, JUDY	1201 ALTOONA AVE.	HUDSON FL 34667
DR			
PED	LEMBO, PAUL	9880 OSCEOLA DR	NEW PORT RICHEY FL
DR			
TD	PARKER, JUDY Gene Yost	5632 MAIN ST 4601 Rowe Dr	NEW PORT RICHEY FL 34653
DR			
PPD	LUIKART, STEVE	7829 CAMPUS DR	NEW PORT RICHEY FL 34653
SE	ABDINO, ANN Sally Morris	5946 MISSOURI AVE 7320 ST RD 5	NEW PORT RICHEY FL 34667 Hudson FL 34667

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STACKPOLE-KELLY, SUSAN
2058 NORFOLK DR
HOLIDAY FL 34691

Name

Frank Parker

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

7512 Ridge Rd

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Frank Parker

REGISTERED AGENT MUST SIGN

Date 12-30-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Bruce Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727) 847-4300

CR20040 (7/03)