

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90296 004 ****70.00

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04122005 Chg-NP CR2E037 (10/03)

DOCUMENT # 752255 1. Entity Name BOYS AND GIRLS CLUB OF PASCO COUNTY, INC.			
Principal Place of Business 8239 YOUTH LANE PORT RICHEY, FL 34668 US		Mailing Address P.O. BOX 1 NEW PORT RICHEY, FL 34656-0001	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1307 N. MacDill Ave Suite, Apt. #, etc.	
City & State Tampa, FL		4. FEI Number 59-2009715	
Zip 33607		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, FRANK 7612 RIDGE RD PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name OPFER, LEROY D. Street Address (P.O. Box Number is Not Acceptable) 1307 N. MacDill Ave City Tampa FL Zip Code 33607	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent or title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE 4/12/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MILLS, BRUCE 7916 CONGRESS ST. PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, C D STEVE CARPENTER 1307 N. MacDill Ave Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERIG, JOHN 1 MAIN ST. NEW PORT RICHEY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman D SCOTT JACOBSEN 1307 N. MacDill Ave Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMBO, PAUL 9880 OSCEOLA DR NEW PORT RICHEY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary SD KAREN WINCEY 1307 N. MacDill Ave Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BREWSTER, JERRY 26301 US 19 CLEARWATER, FL 33751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer TD Bill Opfer 1307 N. MacDill Ave Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOWARD, BONNIE 7117 US 19 NEW PORT RICHEY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President P LEROY D. OPFER 1307 N. MacDill Ave Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/12/05	Daytime Phone # 813-875-5711