2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # 752255 1. Entity Name BOYS AND GIRLS CLUB OF PASCO COUNTY, INC.					04-20-2005 90296 004 ****70.00				
Principal Place of Business 8239 YOUTH LANE PORT RICHEY, FL 34668 US Mailing Address -P. 0. BOX 1 -NEW PORT RICHEY, FL 3466			4656-0001				BIBU BUTU SION OIP	1211 8 2 0 4 4 0 8 1	
2. Principal Place of Business 3. Mailing Address			Acdul Au						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122	005 Chg-NP	CR2E	037 (10/03)		
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Zip	Country	33607	Country	5. Certi	ficate of Status Des	ired 🗌	\$8.75 Add		
كيعسيدر دري	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of I	lew Registered	Agent		
	-		Name	OPFER					
PARKER, FRANK 7512 RIDGE RD PORT RICHEY FL 34668			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
PURT RIC	HEY, FI .34668		130	7 ~.	me 3.11	AUZ			
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	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or	registered agent,	or both, in the State	of Florida. I ar	n familiar with,	and accept	
SIGNATURE	x side	eff- L	erout	o Och	~	4/12	100		
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signatu	re required when reinstat	Ing)	DATE			
	Signature, oped or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp	aign Financing	\$5.00 Added to			ck payable to		
	Filing Fee Is \$61.25 Düe by May 1, 2005	9. Election Camp Trust Fund Cor	aign Financing ntribution.	\$5.00 Added to	Fees	Florida Dep	artment of S	tate	
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12. I hereby certify that the information supplied with this filling 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 SIGNING OFFICER OR DIRECTOR Date Dayling Proces