



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90035 006 ****70.00

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 1307 N MACDILL AVE TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03072008 Chg-NP CR2E037 (12/06)	
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. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OPFER, LEROY D 1307 N MACDILL AVE TAMPA, FL 33607			Name BRADLEY L. BAUMGARDNER 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 and title if applicable.</small>			DATE 3-10-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, STEVE		NAME	BRADLEY L. BAUMGARDNER	
STREET ADDRESS	1307 N MACDILL AVE		STREET ADDRESS	1307 N. MacDill Ave	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBSON, SCOTT		NAME	VIC HOLCOMB	
STREET ADDRESS	1307 N MACDILL AVE		STREET ADDRESS	1307 N MACDILL AVE	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINCEY, KAREN		NAME	SHelly KOLSETH	
STREET ADDRESS	1307 N MACDILL AVE		STREET ADDRESS	1307 N. MacDill Ave	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Tampa, FL 33607	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	GARCIA, LOUIS		NAME		
STREET ADDRESS	1307 N MACDILL AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	OPFER, LEROY D		NAME		
STREET ADDRESS	1307 N MACDILL AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		
NAME	ROSS, WILLIAM III A		NAME		
STREET ADDRESS	1307 N MACALI AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-10-08 Daytime Phone # 813 769 7524		