2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760260

FILED Mar 20, 2009 Secretary of State

Entity Name: UNITED SCHOOL EMPLOYEES OF PASCO, INC.

Current Principal Place of Business: New Principal Place of Business:

21322 LAKE PATIENCE ROAD LAND O LAKES, FL 34638

Current Mailing Address: New Mailing Address:

P. O. BOX 1098

LAND O LAKES, FL 34639 US

FEI Number: 23-7410480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEBB, LYNNE J 21322 LAKE PATIENCE ROAD LAND O'LAKES, FL 34638

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PCD () Delete (X) Change () Addition WEBB, LYNNE J WEBB, LYNNE J Name: Name:

21322 LAKE PATIENCE RD Address: 21322 LAKE PATIENCE RD Address: City-St-Zip: LAND O'LAKES, FL 34638 City-St-Zip: LAND O'LAKES, FL 34638

Title: VD Title: (X) Change () Addition () Delete

RODER, FRANK Name: RODER, FRANK Name: Address: 908 E LOUISIANA Address: 908 E LOUISIANA City-St-Zip: TAMPA, FL 33603 City-St-Zip: TAMPA, FL 33603

Title: VD () Delete Title: (X) Change () Addition

MOORE, ROBERT MOORE, ROBERT Name: Name: Address: 9626 JIM ST Address: 9626 JIM ST City-St-Zip: HUDSON, FL 34669 City-St-Zip: HUDSON, FL 34669

(X) Change () Addition Title: SD () Delete Title: ST

BLANKENSHIP, KENNETH Name: SAVOY, LORI Name: 7335 BRIDGEVIEW DR Address: Address: P O BOX 1831 City-St-Zip: WESLEY CHAPEL, FL 33545 City-St-Zip: LAND O LAKES, FL 34639

Title: (X) Delete Title: () Change () Addition

MIRENDA, CATHERINE Name: Name: 6504 THICKET TR Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE J WEBB PC 03/20/2009