

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90043 004 ****61.25

DOCUMENT # 768804					
1. Entity Name COMMUNITY SERVICE COUNCIL OF WEST PASCO, INCORPORATED					
Principal Place of Business P.O. BOX 74 NEW PORT RICHEY, FL 34656-0074			Mailing Address P.O. BOX 74 NEW PORT RICHEY, FL 34656-0074		
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	4. FEI Number 59-2632565	
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		
TORRENCE, ALFRED W JR. 6645 RIDGE ROAD PORT RICHEY, FL 34668			Name <u>Amy Mead</u> Street Address (P.O. Box Number is Not Acceptable) <u>5523 Tulip Dr</u> <u>New Pt Richey</u> City <u>FL</u> Zip Code <u>34652</u>		
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 <u>Amy Mead</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <u>Amy Mead</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>2-9-07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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	VP BALESTRIERI, MARY 10314 US 19 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Balestieri Mary 10314 US 19 Port Richey FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLINSKI, DEBRA 6728 DRIFTWOOD DR HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Linda Clements 4432 Wolcott Lane Port Richey FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FENTON, LEE 6640 VAN BUREN STREET NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tina Shelton 6620 Japonica Ct New Pt Richey, FL 34655	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROGER E 6915 AMARILLO STREET PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Amy mead 5523 Tulip Dr New Pt Richey FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SINGH, SERO 7334 JENNIFER STREET PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Amy mead 5523 Tulip Dr New Pt Richey FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>Amy Mead</u>		SIGNATURE: <u>Amy Mead</u>		DATE <u>2-9-07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	