2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768804

FILED May 13, 2009 Secretary of State

Entity Name: COMMUNITY SERVICE COUNCIL OF WEST PASCO, INCORPORATED

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

P.O. BOX 74 3535 TROPHY BOULEVARD

NEW PORT RICHEY, FL 346560074 NEW PORT RICHEY, FL 34655

Current Mailing Address: New Mailing Address:

P.O. BOX 74 P O BOX 74

NEW PORT RICHEY, FL 346560074 NEW PORT RICHEY, FL 346560074

FEI Number: 59-2632565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MEAD, AMY SMITH, ROGER

5523 TULIP DR
NEW PORT RICHEY, FL 34652 US
6915 AMARILLO STREET
PORT RICHEY, FL 34668 US

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: ROGER SMITH 05/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CLEMENTS, LINDA
 Name:
 BARLEY, VICTORIA

 Address:
 9432 WOLCOTT LN
 Address:
 5442 CARLTON ROAD

City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34652

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

Name: BAILEY, VICTORIA Name: SHELTON, TINA
Address: PO BOX 74 Address: 10146 SHOOTING STAR COURT

City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete Title: S (X) Change () Addition Name: SHELTON, TINA Name: PARAM, CHRIS

Address: 6120 JAPONICA CT Address: P O BOX 74

City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34656

 Name:
 SINGH, SERE
 Name:
 SMITH, ROGER

 Address:
 15806 LEATHERSEAF LANE
 Address:
 915 AMARILLO STREET

 City-St-Zip:
 LAND O'LAKES, FL 34638
 City-St-Zip:
 PORT RICHEY, FL 34668

Title: S () Delete Title: S (X) Change () Addition Name: FAITY, MELISSA Name: TESTO-MICHAUD, SANDRA

Address: 13406 WHITE WALNUT ST Address: 12900 SOLOLA WAY

City-St-Zip: HUDSON, FL 34669 City-St-Zip: TRINITY, FL 34655

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

Name: Name: EWALD, CINDY

Address: Address: P O 74

City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34656

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: ROGER SMITH T 05/13/2009