

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **768824** (5)

1. Corporation Name

THE PASCO COUNTY SECURITY PATROL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**KEN KEER, PRESIDENT
522 5TH ISLE NORTH
PORT RICHEY FL 34668
US**

**1242 NORMANDY BLVD.
HOLIDAY FL 34691-5180
US**

3. Date Incorporated or Qualified
06/09/1983

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 Jim Sternig

26 7531 Embassy Blvd.

4. FEI Number
59-2877014

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State
Port Richey, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

23
Zip Country

28
Zip Country
34668 Pasco

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEST, MILDRED A.
1242 NORMANDY BLVD.
HOLIDAY FL 34691**

81 Name Jim Sternig
82 Street Address (P.O. Box Number is Not Acceptable) 7531 Embassy Blvd.
83
84 City Port Richey FL 85 Zip Code 34668

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Jim Sternig**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **KERR, KEN**
STREET ADDRESS **522 5TH ISLE N**
CITY-ST-ZIP **PORT RICHEY FL**

1.1 TITLE **P** ☐ Change ☐ Addition
1.2 NAME **Jim Sternig**
1.3 STREET ADDRESS **7531 Embassy Blvd.**
1.4 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **DV** ☒ DELETE
NAME **CASE, KEN**
STREET ADDRESS **2526 FENTRESS PLACE**
CITY-ST-ZIP **HOLIDAY FL**

2.1 TITLE **V** ☐ Change ☐ Addition
2.2 NAME **Chris W. Hoops**
2.3 STREET ADDRESS **9817 Tradewinds Dr.**
2.4 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **T** ☒ DELETE
NAME **WEST, MILDRED A**
STREET ADDRESS **1242 NORMANDY BLVD.**
CITY-ST-ZIP **HOLIDAY FL**

3.1 TITLE **T** ☐ Change ☐ Addition
3.2 NAME **Max Frouman**
3.3 STREET ADDRESS **28443 Trident Ct.**
3.4 CITY-ST-ZIP **Wesley Chapel, FL 33543**

TITLE **D** ☐ DELETE
NAME **MARKLE, TRACY**
STREET ADDRESS **9533 ANDY DRIVE**
CITY-ST-ZIP **HUDSON FL**

4.1 TITLE **S** ☐ Change ☐ Addition
4.2 NAME **Peter A. Green**
4.3 STREET ADDRESS **9920 Sam Sebastian Way**
4.4 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE **D** ☒ DELETE
NAME **STERNIG, JAMES W**
STREET ADDRESS **7531 EMBASSY BLVD**
CITY-ST-ZIP **PORT RICHEY FL**

5.1 TITLE **D** ☐ Change ☐ Addition
5.2 NAME **Elmer Verbocz**
5.3 STREET ADDRESS **1538 Plum Tree Rd.**
5.4 CITY-ST-ZIP **Holiday, FL 34690**

TITLE **D** ☒ DELETE
NAME **BROMAN, GAIL F**
STREET ADDRESS **23560 BELLAIRE LOOP**
CITY-ST-ZIP **LAND O' LAKES FL**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **Arthur Moskowitz**
6.3 STREET ADDRESS **28538 Twinbrook Ln.**
6.4 CITY-ST-ZIP **Wesley Chapel, FL 33543**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Max Frouman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Max Frouman, Treasurer

2/4/96

813-973-3904

Daytime Phone #

CR2E037 (12/95)