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Jan 30 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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, IN
C.**

Principal Place of Business

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

Mailing Address

**7531 EMBASSY BLVD
PORT RICHEY FL 34668-5005
US**

3. Date Incorporated or Qualified
06/09/1983

3a. Date of Last Report
02/20/1996

4. FEI Number

59-2877014

Applied For

Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**STERNIG, JIM
7531 EMBASSY BLVD
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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**

(NOTE: Registered agent signature required when replacing agent)

1-17-97

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **STERNIG, JIM**
STREET ADDRESS **7531 EMBASSY BLVD**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **V** ☐ DELETE
NAME **HOOPS, CHRIS W.**
STREET ADDRESS **9817 TRADEWINDS DRIVE**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **T** ☐ DELETE
NAME **FROUMAN, MAX**
STREET ADDRESS **28443 TRIDENT CT**
CITY-ST-ZIP **WESLEY CHAPEL FL**

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

TITLE **D** ☐ DELETE
NAME **VERBOCZ, ELMER**
STREET ADDRESS **1538 PLUM TREE ROAD**
CITY-ST-ZIP **HOLIDAY FL**

TITLE **D** ☐ DELETE
NAME **MOSKOWITZ, ARTHUR**
STREET ADDRESS **28538 TWINBROOK LANE**
CITY-ST-ZIP **WESLEY CHAPEL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

Handwritten signature

Handwritten date and time

CR2E037 (9/96)