2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90326 026 ****61.25

DOCUMENT # N00000002725

1. Entity Name
COMMUNITY OUTREACH CENTER OF PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
6825 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34653	6825 TROUBLE CREEK RD. NEW PORT RICHEY, FL

04232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3724930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SALERNO, TONY 8621 SHADBLOW COURT #5 PORT RICHEY, FL 34668	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD BOON, DANIEL 7205 FOREST EDGE COURT NEW PORT RICHEY, FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michael F. Ryan 8126 Tantallon Way New Port Richey, FL 34655 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RYAN, MICHAEL 88126 TANTALLON WAY ELFERS, FL 34680	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice president Jose Suarez 6825 Trouble Creek RD. New Port Richey, FL 34653 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAHILL, DONNA 9740 HERMOSILL DR. NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	No change — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WEAVER, DIEDRE 10224 OAK DR. HUDSON, FL 34669	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer David Covic 6825 Trouble Creek Rd New Port Richey, FL 34653 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BABINETZ, PAT 7321 FAIRWOOD AVE. NEW PORT RICHEY, FL 34653	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member Lynn Baldue 13209 Sumpter Cir. Hudson, FL 34667 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 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: _____, President 4/23/04 (727)376-8856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #