

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90122 048 \*\*\*\*61.25

**DOCUMENT # N00000002725**

1. Entity Name

**COMMUNITY OUTREACH CENTER OF PASCO COUNTY, INC.**



Principal Place of Business

**6825 TROUBLE CREEK RD.  
NEW PORT RICHEY FL 34653**

Mailing Address

**6825 TROUBLE CREEK RD.  
NEW PORT RICHEY FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3724930**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **PD** ☒ Delete  
NAME **SALERNO, TONY**  
STREET ADDRESS **8621 SHADBLOW COURT #5**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **PD** ☒ Change ☐ Addition  
NAME **DANIEL BOON**  
STREET ADDRESS **7206 FOREST EDGE COURT**  
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34655**

TITLE **VPD** ☒ Delete  
NAME **ESTRADA, EDWIN**  
STREET ADDRESS **10822 MAPLE WOOD DRIVE**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **MICHAEL RYAN**  
STREET ADDRESS **8126 TANTALLON WAY**  
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34680**

TITLE **STD** ☒ Delete  
NAME **BOLDUC, LYNNE**  
STREET ADDRESS **13209 SUMPTER CIRCLE**  
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **SOD** ☒ Change ☐ Addition  
NAME **DONNACAHILL**  
STREET ADDRESS **9740 HERMOSILLO DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34655**

TITLE **D** ☒ Delete  
NAME **PLUMMER, BEVERLY**  
STREET ADDRESS **6186 SEASIDE DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **TD** ☒ Change ☐ Addition  
NAME **Deidre K. WEAVER**  
STREET ADDRESS **10224 OAK DR.**  
CITY-ST-ZIP **HUDSON, FL. 34669**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **PAT BABINETZ**  
STREET ADDRESS **7321 FAIRWOOD AVE**  
CITY-ST-ZIP **NEW PORT RICHEY, FL. 34653**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**Deidre K. WEAVER** 4-14-03 (727) 967-3942

CR2E037 (10/02)