

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90011 016 \*\*\*\*61.25

**DOCUMENT # N01000000094**

**1. Entity Name**  
**GUARDIANSHIP PROGRAM OF PASCO COUNTY, INC.**



**Principal Place of Business**  
5318 BALSAM ST  
NEW PORT RICHEY, FL 34652

**Mailing Address**  
5318 BALSAM ST  
NEW PORT RICHEY, FL 34652

**54012385**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004 Chg-NP CR2E037 (10/03)

City & State

City & State

**4. FEI Number**  
59-3691978

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**

GAY, GREGORY G  
5318 BALSAM ST  
NEW PORT RICHEY, FL 34652

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

**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** D ☐ Delete  
**NAME** AYCRIFF, WILLIAM  
**STREET ADDRESS** 23902 FOREST PL  
**CITY-ST-ZIP** LAND O' LAKES, FL 34639

**TITLE** D ☐ Change ☒ Addition  
**NAME** Trish Cook  
**STREET ADDRESS** 9110 Bullrush  
**CITY-ST-ZIP** New Port Richey, FL

**TITLE** D ☒ Delete  
**NAME** BAXTER, JUDITH L  
**STREET ADDRESS** 14841 PEACE BLVD  
**CITY-ST-ZIP** SPRING HILL, FL 34610

**TITLE** D ☐ Change ☒ Addition  
**NAME** Emil Laurino  
**STREET ADDRESS** 3201 Trident Terrace  
**CITY-ST-ZIP** New Port Richey, FL 34652

**TITLE** DVP ☐ Delete  
**NAME** HOOK, JOAN NELSON  
**STREET ADDRESS** 5091 ENSIGN LOOP  
**CITY-ST-ZIP** NEW PORT RICHEY, FL 34652

**TITLE** D ☐ Change ☒ Addition  
**NAME** Pat Sovonick  
**STREET ADDRESS** P. O. Box 1515  
**CITY-ST-ZIP** Elfers, FL 34680

**TITLE** DT ☐ Delete  
**NAME** DURSTEIN, RICHARD  
**STREET ADDRESS** 1191 MINEOLA CT  
**CITY-ST-ZIP** PALM HARBOR, FL 34683

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

**TITLE** DS ☐ Delete  
**NAME** DEPETRILLO, DOMINICK  
**STREET ADDRESS** 5016 ANCHOR WAY  
**CITY-ST-ZIP** NEW PORT RICHEY, FL 34652

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

**TITLE** DP ☐ Delete  
**NAME** GAY, GREGORY G  
**STREET ADDRESS** 7831 CALLAN CT  
**CITY-ST-ZIP** NEW PORT RICHEY, FL 34654

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/04 (727) 849-1122