

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90432 019 ****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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-NP CR2E037 (11/05)

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, 2006**

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 **AYCRIGG, WILLIAM**
STREET ADDRESS **23902 FOREST PL**
CITY-ST-ZIP **LAND O' LAKES, FL 34639**

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

TITLE **D** ☐ Delete
NAME **COOK, TRISH**
STREET ADDRESS **9110 BULLRUSH**
CITY-ST-ZIP **NEW PORT RICHEY, FL**

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

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

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

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 exemptions contained in Chapter 119, 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

April 20, 2006 (727) 949-1127

Date

Daytime Phone #