

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90081 040 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3691978	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAY, GREGORY G 5318 BALSAM ST NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME AYCRIGG, WILLIAM STREET ADDRESS 23902 FOREST PL CITY-ST-ZIP LAND O' LAKES, FL 34639	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME COOK, TRISH STREET ADDRESS 9110 BULLRUSH CITY-ST-ZIP NEW PORT RICHEY, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 12417 Ridgedale Drive CITY-ST-ZIP Hudson, Florida 34669	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVP NAME HOOK, JOAN NELSON STREET ADDRESS 5091 ENSIGN LOOP CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 4819 Floramar Terrace CITY-ST-ZIP New Port Richey, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME DURSTEIN, RICHARD STREET ADDRESS 1191 MINEOLA CT CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DS NAME DEPETRILLO, DOMINICK STREET ADDRESS 5016 ANCHOR WAY CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DP NAME GAY, GREGORY G STREET ADDRESS 7831 CALLAN CT CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/20/07 (927) 849-1122 <small>Daytime Phone #</small>		