

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004965

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** PARENT-TO-PARENT OF PASCO COUNTY, INC.

**Current Principal Place of Business:**

P.O. BOX 1599  
ELFERS, FL 368801599

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1599  
ELFERS, FL 368801599

**New Mailing Address:**

**FEI Number:** 01-0605640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEHRER-STEFA, DEBRA L  
10002 FRIERSON LAKE DRIVE  
HUDSON, FL 34669 US

**Name and Address of New Registered Agent:**

STEFA, DEBRA L  
10002 FRIERSON LAKE DRIVE  
HUDSON, FL 34669 US

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.

SIGNATURE: DEBRA L STEFA

04/20/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MEHRER-STEFA, DEBRA L  
Address: 10002 FRIERSON LK DR  
City-St-Zip: HUDSON, FL 34669

Title: D ( ) Delete  
Name: MCDOWELL, DONALD B  
Address: 6020 3RD AVENUE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TS ( ) Delete  
Name: ADAMS, RANZ  
Address: 4208 CRAFTSBURY ST  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: STEFA, DEBRA L  
Address: 10002 FRIERSON LK DR  
City-St-Zip: HUDSON, FL 34669

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA L STEFA

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date