

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90404 004 ****70.00

DOCUMENT # N02000004965 1. Entity Name PARENT-TO-PARENT OF PASCO COUNTY, INC.					
Principal Place of Business P.O. BOX 1599 ELFERS, FL 36880-1599			Mailing Address P.O. BOX 1599 ELFERS, FL 36880-1599		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0605640	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, SUZANNE 6421 DREXEL DR SUITE E4 PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name <u>Deborah S. McDowell</u> Street Address (P.O. Box Number is Not Acceptable) <u>6020 3rd Ave.</u> City <u>New Port Richey</u> FL Zip Code <u>34653</u>	
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 <u>Florida</u> . I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Deborah S. McDowell</u> <u>Deborah S. McDowell</u> Director <u>4/27/07</u> <small>Signature, typed or printed name of registered agent and date 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 NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, SUZANNE 6421 DREXEL DR SUITE E4 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, DONALD B 6020 3RD AVENUE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ADAMS, RANZ 4208 CRAFTSBURY ST 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 NAME STREET ADDRESS CITY-ST-ZIP	D THORS, CHRISTINA 24852 LAUREL RIDGE DR LUTZ, FL 33559	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, DEBORAH S 6020 3RD AVE NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>Donald B. McDowell</u> <u>Donald B. McDowell</u> <u>4/27/07</u> <u>(727) 847-3928</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					