

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006870

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: SOUTH PASCO EDUCATION AND SPORTS, INC.

**Current Principal Place of Business:**

3032 COLLIER PARKWAY  
LAND O' LAKES, FL 34639

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 1872  
LAND O' LAKES, FL 34639

**New Mailing Address:**

FEI Number: 74-3086565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GAY, STEVEN E  
23629 WOODGLEN AVE  
LAND O' LAKES, FL 34639 US

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

LOVE, WILLIAM W PRES  
24202 ROYAL FERN DR  
LUTZ, FL 33559 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: WILLIAM W LOVE

04/17/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KLABAN, JOE  
Address: 6518 PAW PLACE  
City-St-Zip: LAND O LAKES, FL 34653

Title: VP ( ) Delete  
Name: KERN, JILL  
Address: 23134 DEL HARBOR CT  
City-St-Zip: LAND O LAKES, FL 34639

Title: T ( ) Delete  
Name: GAY, STEVEN E  
Address: 23629 WOODGLEN AVE  
City-St-Zip: LAND O' LAKES, FL 34639

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: MR (X) Change ( ) Addition  
Name: LOVE, WILLIAM W PRES  
Address: 24202 ROYAL FERN DR  
City-St-Zip: LUTZ, FL 33559

Title: MR (X) Change ( ) Addition  
Name: VERSCHAREN, JOHN VICE P  
Address: 22607 S SHORE DR  
City-St-Zip: LAND O LAKES, FL 34639

Title: MRS (X) Change ( ) Addition  
Name: NORTON, KRISTEN SECTRY  
Address: 24520 LAUREL RIDGE DR  
City-St-Zip: LUTZ, FL 33559

Title: MRS ( ) Change (X) Addition  
Name: NAYLOR, AMY REGIST  
Address: 24929 RAVELLO ST  
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM W LOVE

PRES

04/17/2008

Electronic Signature of Signing Officer or Director

Date