2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N03000006870

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	MR	( ) Delete
Name:	LOVE, WILLIAM W PRES	
Address:	24202 ROYAL FERN DR	
City-St-Zip:	LUTZ, FL 33559	
Title:	MR	(X) Delete
Name:	VERSCHAREN, JOHN VICE P	
Address:	22607 S SHORE DR	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	MRS	(X) Delete
Name:	NORTON, KRISTEN SECTRY	
Address:	24520 LAUREL RIDGE DR	
City-St-Zip:	LUTZ, FL 33559	
Title:	MRS	(X) Delete
Name:	NAYLOR, AMY REGIST	
Address:	24929 RAVELLO ST	
City-St-Zip:	LAND O LAKES, FL 34639	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 01/16/2009

Electronic Signature of Signing Officer or Director — Date