

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90036 015 ****70.00

DOCUMENT # N03000010553

1. Entity Name
COMMUNITY FOUNDATION OF PASCO COUNTY, INC.



Principal Place of Business
**4950 W. KENNEDY BLVD.
SUITE #250
TAMPA, FL 33609**

Mailing Address
**4950 W. KENNEDY BLVD.
SUITE #250
TAMPA, FL 33609**

40040047



2. Principal Place of Business - No P.O. Box #
550 N. Reo Street

3. Mailing Address
550 N. Reo Street

Suite, Apt. #, etc.
Suite 301

Suite, Apt. #, etc.
Suite 301

City & State
Tampa FL

City & State
Tampa FL

Zip
33609-1037

Country
Hillsborough

Zip
33609-1037

Country
Hillsborough

02062008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3001853

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, DAVID J
4950 W. KENNEDY BLVD.
SUITE #250
TAMPA, FL 33609**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
550 N. Reo Street

Suite 301

City **Tampa**

FL Zip Code
33609-1037

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 David J. Fischer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **DUNN, KEITH D**
STREET ADDRESS **4950 W. KENNEDY BLVD., SUITE #250**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Change ☐ Addition
NAME **Dunn, Keith D**
STREET ADDRESS **550 N. Reo Street Suite 301**
CITY-ST-ZIP **Tampa FL 33609-1037**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08

Date

813 262 1975

Daytime Phone #