

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90246 046 ****61.25

60002605



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-1395653 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N04000004383

1. Entity Name
PASCO SHERIFF'S CHARITIES, INC.



Principal Place of Business
8700 CITIZEN DRIVE
NEW PORT RICHEY, FL 34655

Mailing Address
8700 CITIZEN DRIVE
NEW PORT RICHEY, FL 34655

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 34654

Country

Zip 34654

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMBROUGH, BOB
8700 CITIZEN DRIVE
NEW PORT RICHEY, FL 34655

Name

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

City

FL

Zip Code

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

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PC
NAME KIGYBROUGH, BOB
STREET ADDRESS 8700 CITIZEN DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Delete

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

TITLE VPC
NAME NIENHUIS, ALVIN
STREET ADDRESS 8700 CITIZEN DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Delete

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

TITLE S
NAME CHESNUT, PAM
STREET ADDRESS 8700 CITIZEN DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☒ Delete

TITLE S
NAME PHAYRE, TERRY
STREET ADDRESS 8700 CITIZEN DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34654 ☐ Change ☒ Addition

TITLE T
NAME HERRING, ALAN
STREET ADDRESS 8700 CITIZEN DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Delete

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

TITLE D
NAME WHITE, BOB
STREET ADDRESS 8700 CITIZEN DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Delete

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

TITLE D
NAME BUCKE, MARY ANN
STREET ADDRESS 8700 CITIZEN DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655 ☐ Delete

TITLE
NAME BURKE ☒ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06
Date

813 235 6006
Daytime Phone #

ATTACHMENT

60002605

2 of 2

N04000004383

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000004383					
1. Entity Name PASCO SHERIFF'S CHARITIES, INC.					
Principal Place of Business 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655			Mailing Address 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 20-1395653				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIMBROUGH, BOB 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PC KIGYBROUGH, BOB 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC NIENHUIS, ALVIN 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHESNUT, PAM 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERRING, ALAN 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, BOB 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKE, MARY ANN 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONSON, TERRY 1034 SKIPPER RD TAMPA, FL 33613	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEUBLEIN, JERRY PO BOX 360 OLDSMAR, FL 34677	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, MIKE 7512 RIDGE RD PORT RICHEY, FL 34668	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOTH, STEVE 7510 RIDGE RD PORT RICHEY, FL 34668	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, TRUMAN 19211 STATE RD 41 LAND O' LAKES, FL 34639	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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>Alan Herring</u> 1/12/06 813 235 6006					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					