

FILED
Feb 05, 2007 8:00 am
Secretary of State

DOCUMENT # N04000004383

The seal of the State of Florida is circular. It features a central illustration of a landscape with a palm tree, a body of water, and a small building. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

Daytime Phone

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

1 of 2

DOCUMENT # N04000004383 1. Entity Name PASCO SHERIFF'S CHARITIES, INC.					
Principal Place of Business 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34654			Mailing Address 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34654		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1395653	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent KIMBROUGH, BOB 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655 34654				7. Name and Address of New Registered Agent 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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PC KIMBROUGH, BOB 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry Edmonson 1034 Skipper Rd. Tampa, FL 33613
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	Mike Stone 7512 Ridge Rd. Port Richey, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHAYRE, TERRY 8700 CITISEN DR. NEW PORT RICHEY, FL 34654	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Booth 7510 Ridge Rd. Port Richey, FL 34668
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	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, MARY ANN 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655	☐ Delete		TITLE 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: <u>Alan R. Herring</u> ALAN R. HERRING <u>1/31/07</u> <u>(913) 235 0006</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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