

# **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004385

**FILED**  
**Jan 30, 2007**  
**Secretary of State**

**Entity Name:** PASCO INTERFAITH INTERAGENCY HELPING NETWORK INC.

**Current Principal Place of Business:**

5443 SUNSET RD.  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5443 SUNSET RD.  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 20-2788275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINE, JAN L  
10239 XERIC STREET  
NEW PORT RICHEY, FL 34654 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: DIR. ( ) Delete  
Name: MARTINE, JAN L  
Address: 10239 SUNSET RD  
City-St-Zip: NEW PORT RICHEY, FL 34654

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

Title: DIR. (X) Change ( ) Addition  
Name: MARTINE, JAN L  
Address: 10239 XERIC STREET  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the 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: JAN MARTINE

DIR

01/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date