

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90012 004 ****61.25

DOCUMENT # N05341 1. Entity Name CITIZENS RESIDENTIAL CARE ASSOCIATION OF PASCO COUNTY, INC.																																																																																																											
Principal Place of Business 7027 US 19 NEW PORT RICHEY, FL 34653 US			Mailing Address C/O GORDON D TROY 5828 CORKWOOD CT. HOLIDAY, FL 34690 US																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5828 Corkwood Ct Suite, Apt. #, etc.																																																																																																									
City & State		City & State Holiday, FL		4. FEI Number 59-2489490																																																																																																							
Zip Country		Zip 34690		Country US																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																							
6. Name and Address of Current Registered Agent TROY, GORDON D 5828 CORKWOOD CT HOLIDAY, FL 34690			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																							
Make check payable to Florida Department of State																																																																																																											
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Betty J. Glass Betty J. Glass 4-19-04 727-849-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Newline Phone #