

# 2003 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90042 002 \*\*\*\*61.25

<b>DOCUMENT # N05341</b> 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 5828 CORKWOOD CT HOLIDAY, FL 34690 US		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address 6410 Baldwin Ave.  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State New Port Richey, FL  Zip                      Country 34653                      USA		4. FEI Number 59-2489490  Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03032005    Chg-NP    CR2E037 (10/03)	
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 <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>  <div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>Make check payable to Florida Department of State</b> </div>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLASS, BETTY J 6410 BALDWIN AVE. NEW PORT RICHEY, FL 34653 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALL, JUDITH L 12902 CEDAR RIDGE DR HUDSON, FL 34669 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWES, JUDITH M 7801 RADCLIFFE CIR PORT RICHEY, FL 34668 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, NAOMI M 1828 ARCADIA DR HOLIDAY, FL 34690 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROY, GORDON D 5828 CORKWOOD CT HOLIDAY, FL 34690 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTANO, ALICE H 5513 RIDDLE RD HOLIDAY, FL 34690 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
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.					
<b>SIGNATURE:</b> <i>Betty J. Glass</i> Betty J. Glass    3-15-05    727-849-4433 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Twotime Phone #</small>					