2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N05651

Entity Name: SOUTH PASCO COUNTY VOITURE 1576, 40/8, INCORPORATED.

Current Principal Place of Business:

5329 LEGION PLACE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 113
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERIG, JOHN
7820 SYCAMORE DR
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: D ( ) Delete
Name: HERIG, JOHN
Address: 7820 SYCAMORE DR
City-St-Zip: NEW PORT RICHEY, FL

Title: D ( ) Delete
Name: JORDAN, SCOTT G
Address: 8060 SYCAMORE DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete
Name: DOYLE, EARL
Address: P6 A6 3661 KILLARNEY PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: SCHMIDT, MICHAEL
Address: 5348 COTEE RIVER DR
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN HERIG D 03/21/2009

Electronic Signature of Signing Officer or Director — Date