

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90049 002 ****61.25

DOCUMENT # N06000003426

1. Entity Name
**PASCO COUNTY HIGH SCHOOL COACHES
FOUNDATION, INC.**



Principal Place of Business
**37436 SKY RIDGE CIRCLE
DADE CITY, FL 33525**

Mailing Address
**37436 SKY RIDGE CIRCLE
DADE CITY, FL 33525**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152008 Chg-NP CR2E037 (12/06)

4. FEI Number
42-1701975

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILBURN, CRAIG M
37436 SKY RIDGE CIRCLE
DADE CITY, FL 33525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	D	<input type="checkbox"/> Delete
NAME	MILBURN, CRAIG M	
STREET ADDRESS	37436 SKY RIDGE CIRCLE	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIRARDI, PAUL E	
STREET ADDRESS	8946 BEL MEADOW WAY	
CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, JOSEPH E	
STREET ADDRESS	6531 GREEN ACRES BLVD.	
CITY-ST-ZIP	TRINITY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, JIM A	
STREET ADDRESS	37328 CHURCH AVENUE	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRAIG MILBURN X 4/18/08 813-788-9935
D.R.