

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90044 015 ****61.25

DOCUMENT # N07377

1. Entity Name

**PASCO COUNTY SENIOR MENS GOLF ASSOCIATION
INC.**



Principal Place of Business

P.O. BOX 1374
ELFERS FL 34680

Mailing Address

P.O. BOX 1374
ELFERS FL 34680

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2484498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEARS, CURTISS R SR
6248 HALIFAX DR
NEW PORT RICHEY FL 34653

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE D ☐ Delete
NAME BENNETT, FRANCIS
STREET ADDRESS PO BOX 1374
CITY-ST-ZIP ELFERS FL 34680

TITLE D ☐ Delete
NAME COSTELLO, JAMES
STREET ADDRESS PO BOX 1374
CITY-ST-ZIP ELFERS FL 34680

TITLE STD ☐ Delete
NAME SEARS, CURTISS R SR
STREET ADDRESS PO BOX 1374
CITY-ST-ZIP ELFERS FL 34680

TITLE PD ☐ Delete
NAME WALTON, WILLIAM
STREET ADDRESS PO BOX 1374
CITY-ST-ZIP ELFERS FL 34680

TITLE VD ☒ Delete
NAME FERRARO, JOSEPH
STREET ADDRESS PO BOX 1374
CITY-ST-ZIP ELFERS FL 34680

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Addition
NAME CONAUGHTY, EDWARD
STREET ADDRESS PO BOX 1374
CITY-ST-ZIP ELFERS FL 34680

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Curtiss R. Sears Sr* CURTISS R. SEARS SR.

2/9/06 727-816-8805