

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18740

FILED
Mar 03, 2006
Secretary of State

Entity Name: PASCO-HERNANDO PHARMACY ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 15375
SPRING HILL, FL 34604 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15375
SPRING HILL, FL 34604 US

New Mailing Address:

FEI Number: 59-2758857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGEMANN, DONALD A
214 HOLLOW OAK CT.
TARPON SPRINGS, FL 34689 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: VD () Delete
Name: HAINES, RONALD
Address: 13566 RUDI LOOP
City-St-Zip: SPRING HILL, FL 34609

Title: PD () Delete
Name: KOLBASIUK, EDWARD
Address: 13113 DARLA CT
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: SIEVERS, JOHN
Address: 406 RUSK CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: T () Delete
Name: BENNER, JAMES
Address: 1017 FLORIAN WAY
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: BERGEMANN, DONALD A
Address: 214 HOLLOW OAK CT
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: NORFLEET, KEN
Address: 90 PONCE DE LEON BLVD
City-St-Zip: BROOKSVILLE, FL 34601

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
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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 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: JAMES M BENNER

T

03/03/2006

Electronic Signature of Signing Officer or Director

Date