2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2006 8:00 am Secretary of State

DOCUMENT # N26365 1. Entity Name NAMI PASCO COUNTY, FLORIDA, INC.					01-26-2006 90039 045 ****70.00					
Principal Place PO BOX 412 ELFERS, FL		Mailing Address PO BOX 412 ELFERS, FL 34680 U	ıs							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202006 C	hg-NP	CR2E03	7 (11/05)		
City & State		City & State			4. FEI Number 59-2904	264			plied For	
Zip	Country	Zīp	Country		5. Certificate of S			\$8.75 Add Fee Requires		
	6. Name and Address of Current R	egistered Agent			7. Name and Ad	dress of New I	Registered A	\gent `		
PILLION, F	CJOY		Name							
8522 CRANES ROOST DRIVE NEW PORT RICHEY, FL 34654			Street A	Street Address (P.O. Box Number is Not Acceptable)						
	<u>.</u>		City					Zip Code		
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	named entity submits this statement for ions of registered agent. K. Ory Pulion Signature Guided or Hyded name of registered agent or	(K. Joy Pil	lion) Sec	creta	ry/Dire	the State of F	06 1	. 1	2006	
	Software all the control is a long at the control of the control o	o too s apprecation. (1407)	Registered Agent signat	ture required v	vhen Minštating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	1	Make check orida Depar			
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing	□ ,	\$5.00 May Be	Flo	Make check orida Depar	tment of Si	tate	
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12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Horida 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:

GNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRE

(K. JOY Pillion)

1/20/2006

727-849-0488

Daytime Phone #