

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90071 011 ****70.00

DOCUMENT # N26365

1. Entity Name
NAMI PASCO COUNTY, FLORIDA, INC.



Principal Place of Business
**PO BOX 412
ELFERS, FL 34680 US**

Mailing Address
**PO BOX 412
ELFERS, FL 34680 US**



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

01072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2904264

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

**MARCHESI, ARTHUR
7453 MOORGATE CT
NEW PORT RICHEY, FL 34654**

Name **GLORIA STROTHER**

Street Address (P.O. Box Number is Not Acceptable)

7007 PLATHE ROAD

City **NEW PORT RICHEY**

FL

Zip Code **34653**

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 *Laurens White* (**LAURENS WHITE**) **TREASURER/DIRECTOR** **1-8-07**

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, 2007**

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 ☒ Delete
NAME **MARCHESI, ARTHUR**
STREET ADDRESS **7453 MOORGATE CT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☒ Change ☐ Addition
NAME **GLORIA STROTHER**
STREET ADDRESS **7007 PLATHE ROAD**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE ☐ Delete
NAME **WHITE, LAURENS**
STREET ADDRESS **8434 GREEN ST**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V/P/D
MICHAEL MCGUILLY**
STREET ADDRESS **5534 EXECUTIVE DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **S/D
DIANE GRUSLIN**
STREET ADDRESS **3129 DUNSTABLE DR**
CITY-ST-ZIP **LAND O' LAKES, FL 34638**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Laurens White* (**LAURENS WHITE**)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 (727) 848-0770

Date

Daytime Phone #