

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27398** (9)

1. Corporation Name

PERFORMING ARTS GUILD OF PASCO COUNTY, FLORIDA, INC.



Principal Place of Business

**5936 GRAND BLVD.
C/O DOLORES K. LONG
NEW PORT RICHEY FL 34652**

Mailing Address

**5936 GRAND BLVD.
C/O DOLORES K. LONG
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified
07/14/1988

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4849 ONYX LANE

4. FEI Number

59-2988157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

C.W. KRUDOP, #106

City & State

City & State

23

28

NEW PORT RICHEY, FL.

Zip

Country

24

25

Zip

Country

29

34652

30

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONG, DOLORES K.
610 SOUTH BOULEVARD
NEW PORT RICHEY FL 34652**

81

Name

C. W. KRUDOP

82

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

4849 ONYX LANE - UNIT 106

83

84

City

NEW PORT RICHEY

FL

85 Zip Code

34652

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

C. W. KRUDOP

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
NAME **LONG, DOLORES K.**
STREET ADDRESS **5936 GRAND BLVD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

1.1 TITLE **VICE PRESIDENT, DIRECTOR** ☒ Change ☐ Addition
1.2 NAME **LONG, DOLORES K.**
1.3 STREET ADDRESS **BAYPOINT VILLAGE, 7952 S.R. 52**
1.4 CITY-ST-ZIP **PORT RICHEY FL 34668-6753**

TITLE **S** ☐ DELETE
NAME **SANSOUY, DOROTHY**
STREET ADDRESS **3629 MCCLLOUD ST.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **KRUDOP, PEGGIE**
STREET ADDRESS **4849 ONYX LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SCHNULLE, JOHANNA**
STREET ADDRESS **10538 SPRINGWOOD DR**
CITY-ST-ZIP **PORT RICHEY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **EGGERS, LUCILLE**
STREET ADDRESS **12906 A WEDGEWOOD WAY**
CITY-ST-ZIP **BAYONET POINT FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RUSSO, KAYE & RUSS**
STREET ADDRESS **5550 CHIPPER**
CITY-ST-ZIP **NEW PORT RICHEY FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

C. W. KRUDOP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

Date

813-848-0479

Daytime Phone #