


7-30-97 B-8065 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$51.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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	Mailing Address
5936 GRAND BLVD. C/O DOLORES K. LONG NEW PORT RICHEY FL 34652	4849 ONYX LANE C/O W KRUDOP, #106 NEW PORT RICHEY FL 34652 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 4849 ONYX LANE Suite, Apt. #, etc. 22 C.W. KRUDOP #106 City & State 23 NEW PORT RICHEY, FL Zip 24 34652	25 26 Suite, Apt. #, etc. 27 28 City & State 29 Zip 30 Country USA

3. Date Incorporated or Qualified 07/14/1988	3a. Date of Last Report 03/04/1996
4. FEI Number 59-2988157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
KRUDOP, C.W. 4849 ONYX LANE, UNIT 106 NEW PORT RICHEY FL 34652	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 REG AGENT 7-21-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	LONG, DOLORES K.
STREET ADDRESS	BAYPOINT VILLAGE, 7952 SR 52
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SANSOUCY, DOROTHY
STREET ADDRESS	3629 MCCLLOUD ST.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	T <input type="checkbox"/> DELETE
NAME	KRUDOP, PEGGIE
STREET ADDRESS	4849 ONYX LANE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHNULLE, JOHANNA
STREET ADDRESS	10538 SPRINGWOOD DR
CITY-ST-ZIP	PORT RICHEY FL
TITLE	P <input type="checkbox"/> DELETE
NAME	EGGERS, LUCILLE
STREET ADDRESS	12906 A WEDGEWOOD WAY
CITY-ST-ZIP	BAYONET POINT FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RUSSO, KAYE & RUSS
STREET ADDRESS	5550 CHIPPER
CITY-ST-ZIP	NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PROSTER, JOSEPHINE
1.3 STREET ADDRESS	3243 JAMESTOWN DRIVE
1.4 CITY-ST-ZIP	HOLIDAY, FL 34691
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANSOUCY, DOROTHY HAZEN
2.3 STREET ADDRESS	3629 MCCLLOUD STREET
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	C.W. KRUDOP
3.3 STREET ADDRESS	4849 ONYX LANE #106
3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LAUBAUGH, EVELYN
4.3 STREET ADDRESS	5056 GALLEON COURT
4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CACCIOPOPO, SADIE
5.3 STREET ADDRESS	5403 CHARLOTTE DR. #3/103A
5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCHNULLE, JOHANNA
6.3 STREET ADDRESS	10538 SPRINGWOOD DR
6.4 CITY-ST-ZIP	PORT RICHEY FL 34668

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REG AGENT 7-21-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CP2E037 (4/97)