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Jan 29 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

4849 ONYX LANE
C/O W KRUDOP, #106
NEW PORT RICHEY FL 34652
US

3. Date Incorporated or Qualified

07/14/1988

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No N/A

2. Principal Place of Business

21 3243 JAMESTOWN DRIVE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 90 J. TROSTER

Suite, Apt. #, etc.

27 City & State

City & State

23 HOLIDAY, FLORIDA

City & State

28 Zip

Zip

24 34691

Country

25 PASCO

Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUDOP, C.W.
4849 ONYX LANE, UNIT 106
NEW PORT RICHEY FL 34652

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

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 P ☐ DELETE

NAME TROSTER, JOSEPHINE

STREET ADDRESS 3243 JAMESTOWN DR

CITY-ST-ZIP HOLIDAY FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME SANSOUY, DOROTHY HELEN

STREET ADDRESS 3629 MCCLOUD 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 D ☐ DELETE

NAME WIKRUDOP, C W

STREET ADDRESS 4849 ONYX LANE #106

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 T ☐ DELETE

NAME LAUBAUCH, EVELYN

STREET ADDRESS 5056 GALLEON COURT

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 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. Krudop* 1-8-98 513-2479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)