

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27398

1. Corporation Name

PERFORMING ARTS GUILD OF PASCO COUNTY, FLORIDA,  
INC.

Principal Place of Business

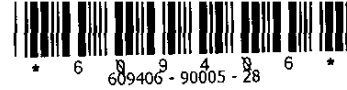
Mailing Address

3243 JAMESTOWN DR  
C/OJ. TROSTER  
HOLIDAY FL 34691  
US

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

FILED  
Aug 25, 1999 8:00 am  
Secretary of State

08-25-1999 90005 028 \*\*\*\*61.25



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country 30

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

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

Evelyn E. Laubaugh

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

5056 Galleon Ct.

83

New Port Richey

84 City

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

Evelyn E. Laubaugh

8/21/99

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 P  
NAME TROSTER, JOSEPHINE  
STREET ADDRESS 3243 JAMESTOWN DR  
CITY-ST-ZIP HOLIDAY FL

☐ DELETE

TITLE V  
NAME SANSOUY, DOROTHY HELEN  
STREET ADDRESS 3629 MCCLLOUD ST  
CITY-ST-ZIP NEW-PORT-RICHEY FL

☐ DELETE

TITLE D  
NAME KRUDOP, C W  
STREET ADDRESS 4849 ONYX LANE #106  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

☒ DELETE

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

☐ DELETE

TITLE D  
NAME EGGERS, LUCILLE  
STREET ADDRESS 12906 A WEDGEWOOD WAY  
CITY-ST-ZIP BAYONET POINT FL 34667

☐ DELETE

TITLE T  
NAME LAUBAUGH, EVELYN  
STREET ADDRESS 5056 GALLEON COURT  
CITY-ST-ZIP NEW PORT RICHEY FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Evelyn E. Laubaugh

8/21/99 (727) 847-3420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)