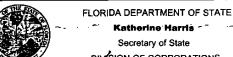
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT . CORPORATION ANNUAL REPORT 1999 DOCUMENT # 1. Corporation Name



DIVISION OF CORPORATIONS

PASCO AIDS SUPPORT COMMUNITY ORGANIZATION, INC.

Principal Place of Business P O BOX 577 NEW PORT RICHEY FL 34656

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

P O BOX 577

2a. Mailing Address

Suite, Apt. #, etc.

26

NEW PORT RICHEY FL 34656

FILED Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90004 008 ****61.25

616557 - 90004 - 8 7

3. Date Incorporated or Qualifed

06/14/1989

4. FEI Number



Applied For

22		27		59-2962044	Not Applicable	
City & St	ate	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 30		Trust Fund Contribution	Added to Fees.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
		·	81 Name	MARK VIRGILIO		
MARK VIRGILIO			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	1	
16447 \	/irgilio Pl		83 Speed Address (F.O. Box Williams is Not Acceptable) AUE 83			
SPRING HILL FL 34610						
	•		84 City NE	in PONT RICHEY F	L 85 Zip Code 34653	
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 applyable. (NOTE: Registered Agent signature required when reinstating) OATE						
12.	Signature, typed or printed name of registered agent an OFFICERS AND		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD OFFICERS AND		11TM F	20	☐ Change ☐ Addition	
NAME	PARKER, HOWARD	-	1.	MARK	_ , _	
NAME STREET ADDRESS	10000 CHADDEDDY LANE		1.3 STREET ADDRESS	6215 VERMONT AUE		
CITY-ST-ZIP	HUDSON FL 34667		1.4 City-St-ZiP	NEW PORT RICHAY FL.	34653	
TITLE	SD		2.1 TITLE	50	U ehange	
NAME	THOMAS, LISA		22 NAME	SD MEINZINGER PHILIP		
STREET ADDRES	AANA COLCUTETED COLIDT		2 STREET ADDRESS I	J KIUFA KOKI		
	HOLIDAY FL 34691		2.4 C/TY-ST-ZIP	PONT RICHEY FL 346	,68	
CfTY-ST-ZIP	10			TD	☐Change ☐ Addition	
NAME	VIRGILIO, MARK		32 NAME 1	Rughty SHFILA		
1	40447 VIDOU IO DI		3.3 STREET ADDRESS	BURNEY SHEILA WOOD DOOM ST. JEW PORT RICHEY FL		
STREET ADDRES	SPRING HILL FL 34610		3.4. CITY-ST-ZIP	15. POST RICHEN FL	34656	
CITY-ST-ZIP	VPD		4.1 TITLE	IPD	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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

HULSAVER

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

BURNEY, SHEILA

6615 DOON STREET

NEW PORT RICHEY FL 34656

☐ DELETE

☐ DELETE

Change

☐ Change

Addition

Addition