

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).

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

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

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N32813

1. Corporation Name

PASCO AIDS SUPPORT COMMUNITY ORGANIZATION, INC.

Principal Place of Business

P O BOX 577
NEW PORT RICHEY FL 34656

Mailing Address

P O BOX 577
NEW PORT RICHEY FL 34656



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2962044	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees.	
24	Country	29	Country	Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

MARK VIRGILIO
16447 VIRGILIO PL
SPRING HILL FL 34610

10. Name and Address of New Registered Agent

81	Name	MARK VIRGILIO	
82	Street Address (P.O. Box Number is Not Acceptable)	6215 VERMONT AVE	
83	City	NEW PORT RICHEY FL	
84	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

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

(NOTE: Registered Agent signature required when reinstating)

9/2/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PARKER, HOWARD	1.2 NAME	VIRGILIO MARK
STREET ADDRESS	13206 SHADBERRY LANE	1.3 STREET ADDRESS	6215 VERMONT AVE.
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE	SD	2.1 TITLE	SD
NAME	THOMAS, LISA	2.2 NAME	MEINZINGER PHILIP
STREET ADDRESS	3303 COLCHESTER COURT	2.3 STREET ADDRESS	2 RIVER ROAD
CITY-ST-ZIP	HOLIDAY FL 34691	2.4 CITY-ST-ZIP	PORT RICHEY FL 34668
TITLE	TD	3.1 TITLE	TD
NAME	VIRGILIO, MARK	3.2 NAME	BURNEY SHEILA
STREET ADDRESS	16447 VIRGILIO PL	3.3 STREET ADDRESS	6615 DOON ST.
CITY-ST-ZIP	SPRING HILL FL 34610	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34656
TITLE	VPD	4.1 TITLE	VPD
NAME	BURNEY, SHEILA	4.2 NAME	HULSAVER RON
STREET ADDRESS	6615 DOON STREET	4.3 STREET ADDRESS	6520 RIDGE RD
CITY-ST-ZIP	NEW PORT RICHEY FL 34656	4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Mark Virgilio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK VIRGILIO

9/2/99

847-8330
Daytime Phone #

CR2E037 (5/99)