

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N32813

1. Entity Name
PASCO AIDS SUPPORT COMMUNITY ORGANIZATION, INC.



FILED
Jan 29, 2005 08:00 AM
Secretary of State

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

Mailing Address
**P O BOX 577
NEW PORT RICHEY, FL 34656**



01062005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2962044

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEINZINGER, PHILLIP
6601 TRICHEL LN
APT. #9
NEW PORT RICHEY, FL 34653**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**T
MEINZINGER, PHILLIP
6601 TRICHEL LN, APT #9
NEW PORT RICHEY, FL 34653**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
HADDOCK, DYANE
5918 MAKI LANE
NEW PORT RICHEY, FL 34653**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000204126
01/29/05-80058-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phillip S. Meinzinger

Phillip S. Meinzinger

Jan. 25, 2005

Date

Daytime Phone #

(727) 849-1732