
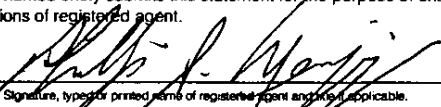
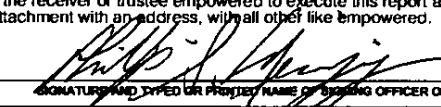


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90342 011 ****61.25

DOCUMENT # N32813 1. Entity 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-2962044
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MEINZINGER, PHILLIP 6601 TRICHEL LN APT.#9 NEW PORT RICHEY, FL 34653				7. Name and Address of New Registered Agent Name Phillip MEINZINGER Street Address (P.O. Box Number is Not Acceptable) 5313 AVERY ROAD City NEW PORT RICHEY FL 34652	
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  (NOTE: Registered Agent signature required when reinstating) DATE 4/06/06					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE T NAME MEINZINGER, PHILLIP	<input type="checkbox"/> Delete		TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6601 TRICHEL LN, APT #9	CITY-ST-ZIP NEW PORT RICHEY, FL 34653		NAME MEINZINGER, Phillip	STREET ADDRESS 5313 AVERY ROAD	
TITLE P	<input checked="" type="checkbox"/> Delete		NAME MEINZINGER, Phillip	CITY-ST-ZIP NEW PORT RICHEY, FL 34652	
NAME HADDOCK, DYANE	CITY-ST-ZIP NEWPORT RICHEY, FL 34653		TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 5918 MANI LANE	CITY-ST-ZIP NEWPORT RICHEY, FL 34653		NAME MELODY SCHMANEK	STREET ADDRESS 10720 HYANNIS CT	
TITLE SECRETARY	<input type="checkbox"/> Delete		CITY-ST-ZIP NEWPORT RICHEY, FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME BABS BRODIE	CITY-ST-ZIP 2044 SPECK DR.		TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS HOLIDAY FL 34691	CITY-ST-ZIP HOLIDAY FL 34691		NAME MEINZINGER, Phillip	STREET ADDRESS 5313 AVERY ROAD	
TITLE SECRETARY	<input type="checkbox"/> Delete		CITY-ST-ZIP NEWPORT RICHEY, FL 34652	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MEINZINGER, Phillip	CITY-ST-ZIP NEWPORT RICHEY, FL 34652		TITLE SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5313 AVERY ROAD	CITY-ST-ZIP NEWPORT RICHEY, FL 34652		NAME MEINZINGER, Phillip	STREET ADDRESS 5313 AVERY ROAD	
CITY-ST-ZIP NEWPORT RICHEY, FL 34652	CITY-ST-ZIP NEWPORT RICHEY, FL 34652		CITY-ST-ZIP NEWPORT RICHEY, FL 34652	CITY-ST-ZIP NEWPORT RICHEY, FL 34652	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date 4/6/06 (727) 847 8330		