2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N32813

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

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

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07032007 No Chg-NP CR2E037 (4/06)

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
5313 AVERY ROAD
NEW PORT RICHEY, FL 34652

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000756740
07/13/07-80010-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEINZINGER, PHILLIP
STREET ADDRESS	5313 AVERY ROAD
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	VP
NAME	SCHMANEK, MELODY
STREET ADDRESS	10720 HYANNIS CT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	S
NAME	BRODIE, BABS
STREET ADDRESS	2044 SPECK DR
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: PHILLIP S. MEINZINGER 7/5/07 727 847-8330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #