## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32813

FILED Jul 12, 2008 Secretary of State

Entity Name: PASCO AIDS SUPPORT COMMUNITY ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 577

NEW PORT RICHEY, FL 34656

8600 GALEN WILSON BLVD.
PORT RICHEY, FL 34668 US

Current Mailing Address: New Mailing Address:

P O BOX 577 P O BOX 577

NEW PORT RICHEY, FL 34656 NEW PORT RICHEY, FL 34656 US

FEI Number: 59-2962044 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEINZINGER, PHILLIP 5313 AVERY ROAD

NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE:

L. \_\_\_\_\_

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: MEINZINGER, PHILLIP S MEINZINGER, PHILLIP S

Address: 5313 AVERY ROAD Address: 5313 AVERY ROAD

City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: SCHMANEK, MELODY Name: SCHMANEK, MELODY

Address: 10720 HYANNIS CT Address: 10720 HYANNIS CT
City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 BRODIE, BABS
 Name:
 FRITCHER, DONALD

 Address:
 2044 SPECK DR
 Address:
 6853 GARDEN DRIVE

City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP S. MEINZINGER PRES 07/12/2008