

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32813

FILED
Apr 15, 2009
Secretary of State

Entity Name: PASCO AIDS SUPPORT COMMUNITY ORGANIZATION, INC.

Current Principal Place of Business:

8600 GALEN WILSON BLVD.
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 577
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

FEI Number: 59-2962044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEINZINGER, PHILLIP
5313 AVERY ROAD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

GONZALEZ, LUIS R
10619 AGATE CT.
PORT RICHEY, FL 34668 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: LUIS R. GONZALEZ

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEINZINGER, PHILLIP S
Address: 5313 AVERY ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP () Delete
Name: SCHMANEK, MELODY
Address: 10720 HYANNIS CT
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: S () Delete
Name: FRITCHER, DONALD
Address: 6853 GARDEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRITCHER, DONALD A
Address: 6853 GARDEN DR.
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GONZALEZ, LUIS R
Address: 10619 AGATE CT
City-St-Zip: PORT RICHEY, FL 34668 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: LUIS R. GONZALEZ

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date