

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N32813

**FILED**  
**Feb 20, 2011**  
**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:**

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

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

DENNIS, JOHN W  
5304 TROUBLE CREEK RD  
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: JOHN W. DENNIS

02/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DENNIS, JOHN W  
Address: 5304 TROUBLE CREEK RD  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: S  
Name: REYNOLDS, ROBERT W  
Address: 15870 MARTHA CIRCLE  
City-St-Zip: LUTZ, FL 34549 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN W. DENNIS

PRES

02/20/2011

Electronic Signature of Signing Officer or Director

Date