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NONPROFIT
CORPORATION
ANNUAL REPORT
1996FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N42053 (1)**

1. Corporation Name

PASCO PUBLIC SCHOOLS FOUNDATION, INC.

Principal Place of Business

Mailing Address

**BOX 1248
LAND O LAKES FL 34639****BOX 1248
LAND O LAKES FL 34639**3. Date Incorporated or Qualified
02/13/19913a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3048717

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCLAIN, JOE A.
402 E CHURCH AVE
DADE CITY FL 33525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **DIAN ASH**
STREET ADDRESS **21808 S.R. 54**
CITY-STATE-ZIP **LUTZ FL 33549**11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIPTITLE **PD** ☐ DELETE
NAME **TORRENCE, ALFRED W., JR**
STREET ADDRESS **6645 RIDGE ROAD**
CITY-STATE-ZIP **PORT RICHEY FL 34668**21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIPTITLE **TD** ☐ DELETE
NAME **CRUMBLEY, ALLEN,**
STREET ADDRESS **3926 WATSON DR.**
CITY-STATE-ZIP **NEW PORT RICHEY FL 34655**31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIPTITLE **SD** ☐ DELETE
NAME **LEKARCZYK,**
STREET ADDRESS **38104 MERIDIAN AVE.**
CITY-STATE-ZIP **DADE CITY FL 33525**41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred W. Torrence, Jr.**(813)845-6224**

Date

Daytime Phone #

CR2E037 (12/95)