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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA 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 34639-1248

3. Date Incorporated or Qualified: 02/13/1991
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business
21 P.O. Box 1248
Suite, Apt. #, etc. 22
City & State 23 Land O' Lakes, FL
Zip 24 34639 Country 25 USA

2a. Mailing Address
26 P.O. Box 1248
Suite, Apt. #, etc. 27
City & State 28 Land O' Lakes, FL
Zip 29 34639 Country 30 USA

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

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	DIAN ASH		1.2 NAME	Dian Ash	
STREET ADDRESS	21808 S.R. 54		1.3 STREET ADDRESS	5637 Marine Parkway	
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP	New Port Richey, FL 34656	
TITLE	PD	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	TORRENCE, ALFRED W., JR		2.2 NAME	Allen Crumbley	
STREET ADDRESS	6645 RIDGE ROAD		2.3 STREET ADDRESS	9108 US Hwy 19	
CITY-ST-ZIP	PORT RICHEY FL 34668		2.4 CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	CRUMBLEY, ALLEN,		3.2 NAME	Kurt Browning	
STREET ADDRESS	3926 WATSON DR.		3.3 STREET ADDRESS	38053 Live Oak Ave., Rm #212	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		3.4 CITY-ST-ZIP	Dade City, FL 33525-3892	
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEKARCZYK,		4.2 NAME		
STREET ADDRESS	38104 MERIDIAN AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL 33525		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] REQUIRED Allen S. Crumbley 01/16/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0987651