

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42053

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** PASCO EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

7227 LAND O' LAKES BLVD.  
LAND O' LAKES, FL 34638 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1248  
LAND O' LAKES, FL 34639 US

**New Mailing Address:**

**FEI Number:** 59-3048717      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WICHMANOWSKI, HENRY G  
7227 LAND O' LAKES BLVD  
LAND O' LAKES, FL 34638 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MR  
Name: KEY, DAVID  
Address: 1815 LITTLE RD  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: MRS  
Name: PRENTICE, DONNA  
Address: 1000 N. ASHLEY DRIVE, STE. 700  
City-St-Zip: TAMPA, FL 33602 US

Title: MR  
Name: BROCK, P. HUTCHINSON  
Address: 37837 MERIDIAN AVE., STE. 314  
City-St-Zip: DADE CITY, FL 33525 US

Title: MS  
Name: DENMARK, PATRICIA  
Address: 1837 COLLIER PARKWAY  
City-St-Zip: LUTZ, FL 33549 US

Title: MR.  
Name: STARNES, LARRY  
Address: 16429 SPRING VALLEY DR.  
City-St-Zip: DADE CITY, FL 33523 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: DONNA PRENTICE

MRS.

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date