

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45395

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** PASCO SAFETY TOWN, INC.

**Current Principal Place of Business:**

15325 ALRIC POTTBERG ROAD  
SPRING HILL, FL 34610

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1285  
NEW PORT RICHEY, FL 346561285 US

**New Mailing Address:**

**FEI Number:** 59-3132153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOYER, BRIAN  
8700 CITIZEN DRIVE  
NEW PORT RICHEY, FL 34654 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: PD  
Name: MOYER, BRIAN W  
Address: 8700 CITIZEN DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VD  
Name: POULIN, ED  
Address: 10410 TAMI TRAIL  
City-St-Zip: HUDSON, FL 34669

Title: SD  
Name: COX, MICHAEL J  
Address: 10831 PANICUM COURT  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD  
Name: CAMPBELL, JAMES R  
Address: 7935 RANCH ROAD  
City-St-Zip: PORT RICHEY, FL 34668

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: BRIAN W. MOYER

PD

01/10/2012

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

\_\_\_\_\_  
Date