

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46038**

1. Entity Name  
**PASCO AREA COMPUTER USERS GROUP,  
INCORPORATED**



Principal Place of Business

**POST OFFICE BOX 1582  
DADE CITY, FL 33526**

Mailing Address

**POST OFFICE BOX 1582  
DADE CITY, FL 33526**

**DO NOT WRITE IN THIS SPACE**

01152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3028238**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SAVIO, CHARLES J.  
12029 MAJESTIC BLVD.  
SUITE 7  
BAYONET POINT, FL 34667**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
VESTA, MARIE  
37624 NEUKOM AVE  
ZEPHYRHILLS, FL 33541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FINEFROCK, SHIRLEY  
5539 RIVIERA DRIVE  
ZEPHYRHILLS, FL 33541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
STUNKARD, VIRGINIA  
37950 ASHBROOK RD  
DADE CITY, FL 33523**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RAY, RUTH ANN  
10033 AIRETOP AVE  
DADE CITY, FL 33525**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SMITH, NANCY  
37519 NEUKON AVE  
ZEPHYRHILLS, FL 33541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000809631  
02/08/08-80029-020 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Virginia Stunkard Virginia Stunkard 1/17/08 352-567-7241  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #