

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46151 (9)**

1. Corporation Name  
**PAINT YOUR HEART OUT PASCO COUNTY, INC.**

Principal Place of Business <b>38035 MERIDIAN AVENUE DADE CITY FL 33525</b>	Mailing Address <b>38035 MERIDIAN AVENUE DADE CITY FL 33525</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

3. Date Incorporated or Qualified <b>11/21/1991</b>
4. FEI Number <b>59-3143892</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BASAK, JACKIE  
9222 REGENCY PARK BLVD.  
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Jackie Basak **Jackie Basak Treasurer/Director** **3/18/98**

(NOTE: Registered Agent signature required when relistening)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, PHYLLIS	
STREET ADDRESS	38085 MERIDIAN AVENUE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SITHH, ELAINE	
STREET ADDRESS	4111 LAND O'LAKES BLVD., SUITE 202	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BASAK, JACKIE	
STREET ADDRESS	9222 REGENCY PARK BLVD.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BADE, SANDRA	
STREET ADDRESS	4111 LAND O'LAKES BLVD., SUITE 202	
CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONOVER, KURT	
STREET ADDRESS	14100 FIVAY ROD, SUITE 380	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAVENTI, MARTIN J III	
STREET ADDRESS	4111 LAND O'LAKES BLVD., SUITE 202	
CITY-ST-ZIP	LAND O'LAKES FL 34639	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, Elaine (Name Correction Only)
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary/Director
4.3 STREET ADDRESS	Cynthia Hausman
4.4 CITY-ST-ZIP	4111 Land O'Lakes Blvd., Ste. 202 Land O'Lakes, FL 34639
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Randall Poston
6.4 CITY-ST-ZIP	6335 US Hwy 19 New Port Richey, FL 34652

14. I 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: Jackie Basak **Jackie Basak** **3/18/98** **813-842-8467**

CR2E037 (10/97)