NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N46151

1. Corporation Name

PAINT YOUR HEART OUT PASCO COUNTY, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

38035 MERIDIAN AVENUE DADE CITY FL 33525

38035 MERIDIAN AVENUE DADE CITY FL 33525

2a. Mailing Address

FILED May 05, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

	nace of business	26 9222 R		D 1-	n 1	11/21/1991				
21 9222 Regency Park Blvd. 26 9222 Regency Suite, Apt. #, etc. Suite, Apt. #, etc.					KIVC	4. FEI Number			Applied F	or
22	.,	27				59-3143892			Not Applic	icable
City & State City & State						5. Certifcate of Status Desi	red 🗓	·	75 Addition	
	Richey, Fl.		Richey, 1		<u> </u>					
Zip	Country	Zip 29 34668	30	ountry: ! !	SA	6. Election Campaign Final Trust Fund Contribution	ncing 🗆	•	. 00 May Bo	
34668	9. Name and Address of Current		. 130]		<u> </u>	10. Name and Address of	New Registered	Agent		
 _	o. Hante and Address of Carrotte	, togioto rea rigent		81	Name				_	
	A CHART			82						
BASAK, JACKIE					Street	Address (P.O. Box Number is Not A	(cceptable)			
9222 REGENCY PARK BLVD.										
PORT RIC	HEY, FL 34668			83						
	35 A 34			84	City		FL	85	Zip Code	
	to the provisions of Sections 617.0502	1047 4500 FI-4	- Ct-t-4 #-			corporation submits this statement		- i i.	n its registe	ered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registr	ered Ager	it signature r	equired when reinstating)	DATE			_
2.	OFFICERS AND		1	3.		ADDITIONS/CHANGES	O OFFICERS AN			
TLE	PD	K) Df	ELETE 1.	1 TITLE		President/Treasurer	/Director	Cha	ange 🗶 A	Addit
AME	SMITH, PHYLLIS		1.	2 NAME		Jackie Basak				
TREET ADDRESS	ARRONDIAN AND ME		1.	3 STREET		9222 Regency Park B	lvd.			
ITY-ST-ZIP	DADE CITY FL 33525			4 CITY-S		Port Richey, Fl. 34				
ITLE	VD	⊠ DF	ELETE 2	1 TITLE		2 /		☐ Cha	ange 🏋 A	Additi
AME	SMITH, ELAINE		2	2 NAME		Vice-President/Dire Vackie Prater				
REET ADDRESS 4111 LAND O'LAKES BLVD., SUITE 202				_		88008 E. Meridian A	ve.			
CITY-ST-ZIP	LAND O'LAKES FL 34639		2.	4 CITY-S	T-ZIP]	Dade City, Fl. 3352	5			
ITILE	το	∑ DI	ELETE 3.	1 TITLE		Director		Cha	ange 🏋 A	Additi
NAME	BASAK, JACKIE		3.	2 NAME		Bill Aycrigg				
STREET ADDRESS	9222 REGENCY PARK BLVD.		3.	3 STREE	FADORESS	7505 Rottingham Rd	•			
CITY-ST-ZIP	PORT RICHEY FL 34668			4. CITY+S	T-ZIP	Port Richey, Fl. 3	4668			6 1 12
TITLE	SD	ום 🗀	ELETE 4	1 TITLE				☐ Cha	ınge ∐A	Addit
NAME	HAUSMAN, CYNTHIA		4	2 NAME						
STREET ADORESS		ITE 202	4.	3 STREE	TADDRESS					
CITY-ST-ZIP	LAND O'LAKES FL 34639			4 CITY-S	T-ZIP					\$ 31.00
πLE	D .	□ D!		1 TITLE				Cha	ange ∐ /	Addit
LAME	CONOVER, KURT			2 NAME						
STREET ADDRESS	14100 FIVAY ROD, SUITE 360				TADDRESS					
ORTY-ST-ZIP	HUDSON FL 34667			4 CITY-S	T-ZIP					4 4 .00
TITLE	D	□ D		1 TITLE				☐ Cha	ange 🏳 A	Addit
NAME	POSTON RANDALI		6	2 NAME						

NEW PORT RICHEY FL 34652 CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

5224 US HWY 19

Esacki R Easak.

Treasurer/Director 4/20/99 727-842-8467

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