# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001383 (9)**

1. Corporation Name

**WEST PASCO CHRISTIAN SCHOOLS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 5346 ACORN STREET<br>NEW PORT RICHEY FL 34652<br>US | 5346 ACORN STREET<br>NEW PORT RICHEY FL 34652<br>US |

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business
21: 4923 DARLINGTON RD
22: Suite, Apt. #, etc.
23: City & State: HOLIDAY
24: Zip: 34690
25: Country: USA

2a. Mailing Address
26: P.O. BOX 1283
27: Suite, Apt. #, etc.
28: City & State: New Port Richey FL
29: Zip: 34656
30: Country: USA

4. FEI Number: 59-3178641 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

CARTER, BRENDA J
5346 ACORN STREET
NEW PORT RICHEY FL 34652

**10. Name and Address of New Registered Agent**

81 Name: Dr. Joseph A. CERRETA
82 Street Address (P.O. Box Number is Not Acceptable): 4923 DARLINGTON RD
83:
84 City: HOLIDAY FL 85 Zip Code: 34690

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: [signature] Dr. Joseph A CERRETA, Pres 4/16/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BOND, DONALD R<br>6705 DAMASCUS STREET<br>PORT RICHEY FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P/CID<br>Dr. JOSEPH A. CERRETA<br>6050 CALIBER COURT<br>NEW Port Richey FL 34655 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDC<br>CARTER, BRENDA J<br>6556 RIVER ROAD<br>NEW PORT RICHEY FL 34652 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | V/D<br>DANA MAUREEN CERRETA<br>6050 CALIBER COURT<br>New Port Richey FL 34655 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>BASAK, JACQUELINE A<br>7504 HIGH PINES COURT<br>PORT RICHEY FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CUBBAGE, PATRICIA<br>4102 OAK LAWN COURT<br>TAMPA FL 33603 | ☒ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** [signature] Dr. Joseph A Cerreta, Pres 4/16/96 813-847-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #