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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003568

1. Corporation Name

PASCO COUNTY NATIONAL ORGANIZATION FOR WOMEN, IN
C.

Principal Place of Business

8851 GREENLEAF COURT
PORT RICHEY FL 34668
US

Mailing Address

P. O. BOX 1281
NEW PORT RICHEY FL 34656



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

08/06/1993

4. FEI Number

59-3210459

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

9. Name and Address of Current Registered Agent

ROSEN, DORIS
8851 GREENLEAF COURT
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

FL

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

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 | T | 1.1 TITLE | T |
| NAME | BOISEN, JOAN | 1.2 NAME | LERCH JOYCE |
| STREET ADDRESS | 4210 CASTLEWOOD DR. | 1.3 STREET ADDRESS | 5646 Vermont Avenue |
| CITY-ST-ZIP | HOLIDAY FL | 1.4 CITY-ST-ZIP | New Port Richey FL 34652 |
| TITLE | SD | 2.1 TITLE | |
| NAME | ROSS, JOANN | 2.2 NAME | |
| STREET ADDRESS | 9822 SAN SEBASTIAN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT RICHEY FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | ROSEN, DORIS | 3.2 NAME | |
| STREET ADDRESS | 8851 GREENLEAF COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

(727) 842-6826

Date

Daytime Phone #

CR2E037 (11/98)