

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90068 043 ****61.25

DOCUMENT # N94000002458					
1. Entity Name PASCO COUNTY GENEALOGICAL SOCIETY, INC.					
Principal Place of Business LDS CHURCH LIBRARY 9016 FORT KING RD DADE CITY, FL 33525 US			Mailing Address PO BOX 2072 DADE CITY, FL 33525-2072 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01102006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BUSBICE, PATRICIA 29813 MORWEN PLACE WESLEY CHAPEL, FL 33543			7. Name and Address of New Registered Agent Name: <u>Kance, Cathy</u> Street Address (P.O. Box Number is Not Acceptable): <u>8002 Quail Hollow Road</u> City: <u>Wesley Chapel</u> FL Zip Code: <u>33543</u>		
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: <u>Cathy Kance</u> <u>Cathy Kance</u> <u>3-6-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME BUSBICE, PATRICIA STREET ADDRESS 29813 MORWEN PLACE CITY-ST-ZIP WESLEY CHAPEL, FL 33543	☐ Delete		TITLE President NAME Cathy Kance STREET ADDRESS 8002 Quail Hollow Road CITY-ST-ZIP Wesley Chapel, FL 33544	☒ Change ☐ Addition	
TITLE V NAME VANCE, CATHY STREET ADDRESS 8002 QUAIL HOLLOW BLVD. CITY-ST-ZIP WESLEY CHAPEL, FL 33544	☐ Delete		TITLE Vice President NAME Marion Shires STREET ADDRESS 5215 Epping Lane CITY-ST-ZIP Zephyrhills, FL 33541	☒ Change ☐ Addition	
TITLE D NAME BEATTIE, JANET O STREET ADDRESS 5315 LOCHMEAD TERR CITY-ST-ZIP ZEPHYRHILLS, FL 33541	☐ Delete		TITLE Director NAME Judith Kelley STREET ADDRESS 18005 US 301 Lot #50 CITY-ST-ZIP Dade City, FL 33523	☐ Change ☐ Addition	
TITLE D NAME VARNEY, GEORGE STREET ADDRESS 38733 VULCAN CIRCLE CITY-ST-ZIP ZEPHYRHILLS, FL 33540	☐ Delete		TITLE Director NAME Susan Canney STREET ADDRESS 4002 Russia Olive Lane CITY-ST-ZIP Zephyrhills, FL 33541	☒ Change ☐ Addition	
TITLE S NAME SHIRES, MARION STREET ADDRESS 37400 CHENCEY RD CITY-ST-ZIP ZEPHYRHILLS, FL 33540	☐ Delete		TITLE Secretary NAME Cecily Zerke STREET ADDRESS 1728 Tangled Vine Drive CITY-ST-ZIP Wesley Chapel, FL 33543	☒ Change ☐ Addition	
TITLE T NAME REEK, JUANITA STREET ADDRESS 34706 WINDING HILLS LOOP CITY-ST-ZIP DADE CITY, FL 33525	☐ Delete		TITLE Treasurer NAME James Parrish STREET ADDRESS 11931 Carmen Ave CITY-ST-ZIP Dade City, FL 33525	☒ Change ☐ Addition	
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: <u>Cathy Kance</u> <u>3-6-06</u> <u>813 973-2736</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					