


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90036 025 ****70.00

DOCUMENT # N95000001222 1. Entity Name PASCO PEDIATRIC FOUNDATION, INC.			
Principal Place of Business 5132 U.S. HWY. 19 NEW PORT RICHEY, FL 34652 US		Mailing Address P.O. BOX 816 PORT RICHEY, FL 34673-0816 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 6115 FJORD WAY		Suite, Apt. #, etc. P.O. Box 816	
City & State New Port Richey, FL		City & State Port Richey, FL	
Zip 34652		Zip 34673-0816	
Country USA		Country USA	
4. FEI Number 59-3305276		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTER, MATTHEW A 5940 MAIN STREET NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P BRUST, KIMBERLY 12029 MAJESTIC BLVD BAYONET PT, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POTTER, MATTHEW A 5940 MAIN ST. NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREGGER, BETH 5745 MAIN ST NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SYRASKI, DAVID 36750 US HWY 19 PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARLSON TAMARA 2523 Seven Springs Blvd New Port Richey, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARLSON TAMARA 2523 Seven Springs Blvd New Port Richey, FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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>Kent Russ</u>		1/23/07 (727) 848-0665	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT

60007552

BLOCK 11

N95000001222

P

RUSS, KENT

5902 MAIN ST.

NEW PORT RICHEY, FL 34652

TD

SKELETON, JOHN

6709 RIDGE RD.

PORT RICHEY, FL 34668

VPD

CARLSON, TAMARA

2523 SEVEN SPRINGS BLVD.

NEW PORT RICHEY, FL 34698