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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001113 (7)**

1. Corporation Name

**FIRST CALL FOR HELP OF PASCO COUNTY, INC.**

Principal Place of Business

**10634 U.S. HWY 19, SUITE 201  
PORT RICHEY FL 34668**

Mailing Address

**P.O. BOX 609  
PORT RICHEY FL 34673-0609**



3. Date Incorporated or Qualified

**02/27/1996**

4. FEI Number

**59-3366461**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROWDON, CATHRYN A  
10654 U.S. HWY. 19  
SUITE 201  
PORT RICHEY FL 34668**

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

*Cathryn Ann Rowdon*  
Signature, typed or printed name of registered agent and title if applicable

*Cathryn Ann Rowdon*  
(NOTE: Registered Agent signature required when reinstating)

*4/27/98*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWNING, KURT</b>	
STREET ADDRESS	<b>38053 LIVE OAK AVE.</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>SEEBER, GERALD J</b>	
STREET ADDRESS	<b>5919 MAIN STREET</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BLOMMEL, EDWARD</b>	
STREET ADDRESS	<b>38006 MERIDIAN</b>	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KINNENUN, CHERRY</b>	
STREET ADDRESS	<b>5801 MAIN STREET</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LONG, JOHN DR.</b>	
STREET ADDRESS	<b>7227 LAND O' LAKES BLVD.</b>	
CITY-ST-ZIP	<b>LAND O' LAKES FL 34639</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MULIERI, PAT DR.</b>	
STREET ADDRESS	<b>7530 LITTLE ROAD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Seeber, Gerald J</b>	
1.3 STREET ADDRESS	<b>5919 Main Street</b>	
1.4 CITY-ST-ZIP	<b>New Port Richey, FL 34652</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Spina, Steve</b>	
2.3 STREET ADDRESS	<b>5335 8th Street</b>	
2.4 CITY-ST-ZIP	<b>Zephyrhills, FL 33540</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Griffin, Don</b>	
3.3 STREET ADDRESS	<b>14100 Fivay Rd</b>	
3.4 CITY-ST-ZIP	<b>Hudson, FL 34667</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Smith, Jack</b>	
4.3 STREET ADDRESS	<b>5136 Little Road</b>	
4.4 CITY-ST-ZIP	<b>New Port Richey, FL 34655</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

*Cathryn Ann Rowdon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/21/98 817-869-4677*  
Date Daytime Phone # 0069264

CR2E037 (10/97)