


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90027 046 \*\*\*\*61.25

**DOCUMENT # N96000003200**

1. Entity Name  
**PASCO-HERNANDO JOBS AND EDUCATION PARTNERSHIP REGIONAL BOARD, INC.**



Principal Place of Business: **PASCO-HERNANDO JEP REGIONAL BD. 15588 AVIATION LOOP AVE BROOKSVILLE, FL 34604 US**

Mailing Address: **PO BOX 15790 BROOKSVILLE, FL 34604 US**


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

**40028029**



02082008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3495908**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SLAYMAKER, THOMAS E ESQ. 2218 HIGHWAY 44 WEST INVERNESS, FL 34453**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, FRANCINE	
STREET ADDRESS	820 KENNEDY BOULEVARD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAURINO, EMILE	
STREET ADDRESS	7027 UNITED STATES HIGHWAY 19	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLAGHAN, ELIZABETH	
STREET ADDRESS	300 SOUTH MAIN STREET	
CITY-ST-ZIP	BROOKSVILLE, FL 34605	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOMMEL, ED	
STREET ADDRESS	38008 MERIDIAN AVE	
CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRY, MARK	
STREET ADDRESS	5283 NEFF LAKE RD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	C	<input type="checkbox"/> Delete
NAME	O'BERRY, DENISE	
STREET ADDRESS	14318 PELHAM LN STE C	
CITY-ST-ZIP	ODESSA, FL 33556	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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, and all other like information.

SIGNATURE: \_\_\_\_\_ **2/14/08** **352-797-5781**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone