


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 28, 1999 8:00 am**  
**Secretary of State**

06-28-1999 90003 017 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N97000000333</b>			
1. Corporation Name <b>PASCO COUNTY VISITORS &amp; CONVENTION BUREAU, INC.</b>			
Principal Place of Business <b>GULF VIEW SQUARE MALL 9409 U.S. HIGHWAY 19 PORT RICHEY FL 34668</b>		Mailing Address <b>GULF VIEW SQUARE MALL 9409 U.S. HIGHWAY 19 PORT RICHEY FL 34668</b>	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/21/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3434435	
25 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DAVIS, GARY L 8726 STATE ROAD 54, SUITE E NEW PORT RICHEY FL 34653</b>				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	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	DEDOMENICO, KATHLEEN			1.2 NAME	SMITH, PHYLLIS		
STREET ADDRESS	5249 SEA FORREST DRIVE			1.3 STREET ADDRESS	11825 MUMBURY DRIVE		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			1.4 CITY-ST-ZIP	DADE CITY, FL. 33525		
TITLE	ED	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	KYLE, RICHARD			2.2 NAME	Frank Starkey		
STREET ADDRESS	9409 HIGHWAY 19, STE 433			2.3 STREET ADDRESS	12959 State Road 54		
CITY-ST-ZIP	NEW PORT RICHEY FL 34668			2.4 CITY-ST-ZIP	Odessa, FL 33556		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	TOLLE, MARK			3.2 NAME	Gail Hill		
STREET ADDRESS	10439 COPPERWOOD DR			3.3 STREET ADDRESS	4421 Lane Road		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654			3.4 CITY-ST-ZIP	Zephyrhills, FL 33541		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	CAMPBELL, SUSAN			4.2 NAME			
STREET ADDRESS	7935 RANCH ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	PORT RICHEY FL 34668			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	MADSEN, AAGE R			5.2 NAME			
STREET ADDRESS	5721 GRAND BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	CLARK, KATHY			6.2 NAME			
STREET ADDRESS	10555 MOON LAKE RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34654			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

Date

Daytime Phone #