


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90038 015 ****70.00

DOCUMENT # N97000003192					
1. Entity Name PASCO GUARDIANSHIP COUNCIL, INC.					
Principal Place of Business 4918 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652 US			Mailing Address P.O. BOX 5823 HUDSON, FL 34674-5823 US		
2. Principal Place of Business 38040 MERIDIAN		3. Mailing Address P.O. Box 1866			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DADE CITY FL		City & State DADE CITY FL		4. FEI Number 59-3504967	
Zip 33525		Country PASCO		Applied For Not Applicable	
Zip 33525		Country PASCO		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOK, JOAN NELSON ESQ. 4918 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			FL		
Zip Code			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: <i>Karen O Patterson, President</i> DATE: 3/14/06					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIETRICH, SUSAN		NAME		
STREET ADDRESS	5640 FERGUSON COURT #2102		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOIGT, MARGRET		NAME		
STREET ADDRESS	5024 TROUBLE CREEK RD, P.O. BOX 30		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 346560030		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	ASST. SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASELHUHN, DORIS		NAME		
STREET ADDRESS	5024 TROUBLE CREEK RD, P.O. BOX 30		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 346560030		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COFFEY, DOUG		NAME		
STREET ADDRESS	14605 COFFEY LANE		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSELY, MARY		NAME		
STREET ADDRESS	4234 SALTWATER BLVD		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KAREN O. PATTERSON	
STREET ADDRESS			STREET ADDRESS	38040 MERIDIAN AVE	
CITY-ST-ZIP			CITY-ST-ZIP	DADE CITY FL 33525	
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: <i>Karen O Patterson, President</i>		Date: 3/14/06		Daytime Phone #: 352 5676254	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					