

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007
Secretary of State

DOCUMENT# N97000003192

Entity Name: PASCO GUARDIANSHIP COUNCIL, INC.

Current Principal Place of Business:

38040 MERIDIAN
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1866
DADE CITY, FL 33526 US

New Mailing Address:

FEI Number: 59-3504967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HOOK, JOAN NELSON ESQ.
4918 FLORAMAR TERRACE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD (X) Delete
Name: DIETRICH, SUSAN
Address: 5640 FERGUSON COURT #2102
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: VOIGT, MARGRET
Address: 5024 TROUBLE CREEK RD, P.O. BOX 30
City-St-Zip: NEW PORT RICHEY, FL 346560030

Title: ASD (X) Delete
Name: HASELHUHN, DORIS
Address: 5024 TROUBLE CREEK RD, P.O. BOX 30
City-St-Zip: NEW PORT RICHEY, FL 346560030

Title: VD () Delete
Name: COFFEY, DOUG
Address: 14605 COFFEY LANE
City-St-Zip: HUDSON, FL 34667

Title: PD () Delete
Name: PATTERSON, KAREN O
Address: 38040 MERIDIAN AVE
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: THERRELL, MARK D III
Address: 7236 STATE ROAD 52, SUITE 11
City-St-Zip: BAYONET POINT, FL 34667 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN O. PATTERSON

PD

05/15/2007

Electronic Signature of Signing Officer or Director

_____ Date