


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

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90004 019 \*\*\*\*70.00

**DOCUMENT # N97000003192**

1. Entity Name  
**PASCO GUARDIANSHIP COUNCIL, INC.**



Principal Place of Business  
**38040 MERIDIAN**  
**DADE CITY, FL 33525 US**

Mailing Address  
**PO BOX 1866**  
**DADE CITY, FL 33526 US**



2. Principal Place of Business - No P.O. Box #  
**7236 State Rd 52**

3. Mailing Address  
**7236 State Rd 52**

Suite, Apt. #, etc.  
**Suite 6**

City & State  
**Bayonet Point, FL**

City & State  
**Bayonet Point, FL**

Zip  
**34667**

Country  
**US**

02082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3504967**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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

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 *Mark D. Threlle* **2/23/08**

Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THERRELL, MARK D III 7236 STATE ROAD 52, SUITE 11 BAYONET POINT, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RECO, PAULA A 7236 State Rd 52 Suite 6 Bayonet Point, FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COFFEY, DOUG 14605 COFFEY LANE HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	No change <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATTERSON, KAREN O 38040 MERIDIAN AVE DADE CITY, FL 33525 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD Therrell, Mark D III 7236 State Rd 52 Suite 6 Bayonet Point, FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Maxwell Sargent 6015 Sandra Drive Weeki Wachee, FL 34607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark D. Threlle* **2/23/08** **727-697-0314**

Signature and typed or printed name of signing officer or director Date Daytime Phone #