

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003533

1. Entity Name

PASCO ASSOCIATION FOR CHALLENGED KIDS, INC.



Principal Place of Business

5355 CASA NUEVA DR
NEW PORT RICHEY, FL 34655

Mailing Address

5355 CASA NUEVA DR
NEW PORT RICHEY, FL 34655



01162006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3456672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LA BELLE, RICHARD D
3446 LAKE DR
PALM HARBOR, FL 34683

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-installing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHEN, BARRY A
STREET ADDRESS	5355 CASA NUEVA DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VD
NAME	COHEN, PAULA M
STREET ADDRESS	5355 CASA NUEVA DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D
NAME	LAURINO, EMILE
STREET ADDRESS	5355 CASA NUEVA DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000414689
02/11/06-80047-014 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY A. COHEN

1-30-06

727-372-9516

Date

Daytime Phone #