2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N97000003533

Entity Name: PASCO ASSOCIATION FOR CHALLENGED KIDS, INC.

Current Principal Place of Business:

5355 CASA NUEVA DR
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

5355 CASA NUEVA DR
NEW PORT RICHEY, FL 34655 US

Current Mailing Address:

5355 CASA NUEVA DR
NEW PORT RICHEY, FL 34655

New Mailing Address:

5355 CASA NUEVA DR
NEW PORT RICHEY, FL 34655 US

FEI Number: 59-3456672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LA BELLE, RICHARD D
3446 LAKE DR
PALM HARBOR, FL 34683 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: PD ( ) Delete
Name: COHEN, BARRY A
Address: 5355 CASA NUEVA DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VD ( ) Delete
Name: COHEN, PAULA M
Address: 5355 CASA NUEVA DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: KONRAD, BARBARA
Address: 5355 CASA NUEVA DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Delete
Name: KONRAD, JAMES
Address: 5355 CASA NUEVA DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D (X) Delete
Name: JOHNSTON, JANE
Address: 5355 CASA NUEVA DR
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: JOHNSTON, JANE
Address: 5355 CASA NUEVA DR
City-St-Zip: NEW PORT RICHEY, FL 34655

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: BARRY A. COHEN PRES 01/30/2009
Electronic Signature of Signing Officer or Director — Date