

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006712

FILED
Sep 06, 2007
Secretary of State

Entity Name: PASCO ANIMAL WELFARE SOCIETY, INC.

Current Principal Place of Business:

11720 US 19
STE 10
PORT RICHEY, FL 34668 US

Current Mailing Address:

11720 US 19
STE 10
PORT RICHEY, FL 34668 US

New Principal Place of Business:

11720 US 19
STE 18
PORT RICHEY, FL 34668 US

New Mailing Address:

11720 US 19
STE 18
PORT RICHEY, FL 34668 US

FEI Number: 59-3481554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

RICH, JEANETTE K
4450 DEWEY DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

WHITE DOVE BUSINESS & FINANCIAL SERVICES
7237 SR 52
BAYONET POINT, FL 34667 US

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: RICHARD A BOYKO, EA, PRES

09/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WIGGINS, CAROLYN
Address: 4450 DEWEY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD () Delete
Name: RICH, JEANETTE K
Address: 4450 DEWEY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: LITTLE, MARIE
Address: 9105 CR 647 CS
City-St-Zip: BUSHNELL, FL 33513

Title: SD () Delete
Name: BROWN, DORIS
Address: 2619 LIMWOOD
City-St-Zip: HOLIDAY, FL 34690

Title: VD () Delete
Name: SCHOUPE, HELEN
Address: 7306 MORNINGVIEW STREET
City-St-Zip: BROOKSVILLE, FL 34613

Title: VD (X) Delete
Name: FUNKHOUSER, RUBY
Address: 15538 MADELINE DRIVE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: ESKIN, SHIRLEY
Address: 10403 LOQUAT DRIVE
City-St-Zip: PORT RICHEY, FL 34668

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

Title: TD (X) Change () Addition
Name: LAWSON, PAMELA K
Address: 17935 GREENSBORO STREET
City-St-Zip: SPRING HILL, FL 34610

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: JEANETTE K RICH

PD

09/06/2007

Electronic Signature of Signing Officer or Director

Date