## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003907

FILED May 19, 2009 Secretary of State

Entity Name: PASCO COUNTY, FLORIDA CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND

ENCOURAGEMENT OF BARBERSHOP QUARTET SINGING IN AMERICA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

8350 CESSNA DRIVE

NEW PORT RICHEY, FL 34654 US

**Current Mailing Address: New Mailing Address:** 

8350 CESSNA DRIVE

NEW PORT RICHEY, FL 34654 US

FEI Number: 59-1993809 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: Name and Address of New Registered Agent:

EKBLAD, CARL A 8350 CESSNA DRIVE

NEW PORT RICHEY, FL 34654 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:

Date

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DCS () Delete () Change () Addition

EKBLAD, CARL A Name: Name: 8350 CESSNA DRIVE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip:

Title: DCP Title: DCP ( ) Delete (X) Change ( ) Addition

NORTON, G W Name: HUNT, JAY W Name:

Address: 5548 FESTIVO DR Address: 10835 STANFORD AVE City-St-Zip: HOLIDAY, FL 346902229 City-St-Zip: PORT RICHEY, FL 34668

Title: DCV () Delete Title: () Change () Addition

MATHESON, RICHARD Name: Name: 11841 SPENDRIFT LOOP Address: Address: City-St-Zip: HUDSON, FL 34667 City-St-Zip:

Title: DCT () Delete Title: () Change () Addition

Name: HAULER, CHARLES Name: Address: 12975 CORONADO DRIVE Address: City-St-Zip: SPRING HILL, FL 346095850 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: CARL A. EKBLAD DCS 05/19/2009