

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006467

FILED  
May 05, 2007  
Secretary of State

**Entity Name:** PASCO CHRISTIAN HOMESCHOOL ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 3085  
HOLIDAY, FL 34690

**New Principal Place of Business:**

6219 RIVER RD. NW  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

P.O. BOX 3085  
HOLIDAY, FL 34690

**New Mailing Address:**

**FEI Number:** 59-3580274      **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:**

UMPHLETT, TINA  
3133 CORONA DR.  
HOLIDAY, FL 34690      US

**Name and Address of New Registered Agent:**

FRANEK, ANDY  
4933 MARLIN DR.  
NEW PORT RICHEY, FL 34652      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: ANDY FRANEK

05/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: FRANEK, ANDY  
Address: 4933 MARLIN DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: CD      ( ) Delete  
Name: FRANEK, DEBBIE  
Address: 4933 MARLIN DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: T      ( ) Delete  
Name: UMPHLETT, TINA  
Address: 3133 CORONA DR.  
City-St-Zip: HOLIDAY, FL 34690

Title: S      ( ) Delete  
Name: PELLEY, PERRI  
Address: 5037 POSTELL DR.  
City-St-Zip: HOLIDAY, FL 34690

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T      (X) Change ( ) Addition  
Name: SAWYER, HEATHER  
Address: 7506 HOLLYRIDGE DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

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: ANDY FRANEK

PD

05/05/2007

Electronic Signature of Signing Officer or Director

Date