

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90352 013 ****70.00

DOCUMENT # N99000003256

1. Entity Name

SANTA'S ANGEL PROGRAM OF PASCO COUNTY INC.



Principal Place of Business

13742 BIG BEND DR
HUDSON FL 34667-1610

Mailing Address

13742 BIG BEND DR
HUDSON FL 34667-1610

2. Principal Place of Business

3. Mailing Address

1380 W. Caracas Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lecanto, Florida

City & State

City & State

34461 Citrus

Zip

Country

Zip

Country

Program is Run in Pasco

4. FEI Number

59-3580220

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN DE PLAS, LISA
13742 BIG BEND DR
HUDSON FL 34667-1610

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTD ☐ Delete
NAME VAN DE PLAS, LISA
STREET ADDRESS 13742 BIG BEND DR
CITY-ST-ZIP HUDSON FL 34667-1610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME VAN DE PLAS, ADRIANUS
STREET ADDRESS 13742 BIG BEND DR
CITY-ST-ZIP HUDSON FL 34667-1610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DD ☐ Delete
NAME SNOW, MARSHA
STREET ADDRESS 13742 BIG BEND DR.
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lisa van de Plas

Lisa van de Plas 4/11/05 352-621-0856

Date

Daytime Phone #