# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 13, 2006**
**Secretary of State**

DOCUMENT# N99000003256

**Entity Name:** SANTA'S ANGEL PROGRAM OF PASCO COUNTY INC.

**Current Principal Place of Business:**

13742 BIG BEND DR
HUDSON, FL 346671610

**New Principal Place of Business:**

**Current Mailing Address:**

1380 W CARACAS LN
LECANTO, FL 34461

**New Mailing Address:**

13742 BIG BEND DR
HUDSON, FL 34667

**FEI Number: 59-3580220** **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:**

VAN DE PLAS, LISA
13742 BIG BEND DR
HUDSON, FL 346671610 US

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

SNOW, MARSHA
13742 BIG BEND DR
HUDSON, FL 346671610 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: MARSHA L SNOW 11/13/2006
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete
Name: VAN DE PLAS, LISA
Address: 13742 BIG BEND DR
City-St-Zip: HUDSON, FL 346671610

Title: VD ( ) Delete
Name: VAN DE PLAS, ADRIANUS
Address: 13742 BIG BEND DR
City-St-Zip: HUDSON, FL 346671610

Title: DD ( ) Delete
Name: SNOW, MARSHA
Address: 13742 BIG BEND DR.
City-St-Zip: HUDSON, FL 34667

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

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 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: MARSHA L SNOW SAC 11/13/2006
Electronic Signature of Signing Officer or Director Date