

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

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**



03072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**SNOW, MARSHA
13742 BIG BEND DR
HUDSON, FL 34667-1610**

**DO NOT WRITE
IN THIS SPACE**

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

Marsha Snow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-8-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000664103
03/22/07-80030-020 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD VAN DE PLAS, LISA 13742 BIG BEND DR HUDSON, FL 346671610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VAN DE PLAS, ADRIANUS 13742 BIG BEND DR HUDSON, FL 346671610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DD SNOW, MARSHA 13742 BIG BEND DR. HUDSON, FL 34667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Marsha Snow

DATE: *3-8-07*