

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003256

FILED  
May 04, 2008  
Secretary of State

**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:**

13742 BIG BEND DR  
HUDSON, FL 34667

**New Mailing Address:**

13742 BIG BEND DR  
HUDSON, FL 346671610

**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:**

SNOW, MARSHA  
13742 BIG BEND DR  
HUDSON, FL 346671610 US

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

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: \_\_\_\_\_

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 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: LISA VAN DE PLAS

PDT

05/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date