

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90031 019 \*\*\*\*61.25

<b>DOCUMENT # N99000006507</b> 1. Entity Name <b>PASCO COUNCIL OF CHAMBERS, INC.</b>					
Principal Place of Business <b>38550 5TH AVENUE ZEPHYRHILLS, FL 33540</b>				Mailing Address <b>38550 5TH AVENUE ZEPHYRHILLS, FL 33540</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-3646110</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCDUFFIE, W. CLIFF 6130 17TH STREET ZEPHYRHILLS, FL 33542</b>			Name <b>Smith, Phyllis S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14112 8th Street</b> City <b>Dade City</b> FL Zip Code <b>33525</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Phyllis S. Smith, Director</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>2-18-05</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDUFFIE, W C		NAME	Smith, Phyllis S	
STREET ADDRESS	6130 17TH ST		STREET ADDRESS	14112 8th Street	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	Dade City, FL 33525	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, PHYLLIS S		NAME	French, Donna	
STREET ADDRESS	14112 8TH ST		STREET ADDRESS	38550 5th Ave.	
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP	Zephyrhills, FL 33525	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNKLEY, KATHY		NAME	Dunkley, Kathy	
STREET ADDRESS	6221 LAND O' LAKES BLVD		STREET ADDRESS	2810 Land O' Lakes Blvd.	
CITY-ST-ZIP	LAND O LAKES, FL 34639		CITY-ST-ZIP	Land O'Lakes, FL 34639	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALPINE, JOE		NAME		
STREET ADDRESS	5443 MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Bassinger, Elayne	
STREET ADDRESS			STREET ADDRESS	5450 Bruce B. Downs Blvd. #408	
CITY-ST-ZIP			CITY-ST-ZIP	Wesley Chapel, FL 33543	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2-18-05</b> <small>Date</small>		<b>952-567-3269</b> <small>Daytime Phone #</small>	