



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000006507 1. Entity Name PASCO COUNCIL OF CHAMBERS, INC.						FILED 08 JUL 23 PM 2:48 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 38550 5TH AVENUE ZEPHYRHILLS, FL 33540				Mailing Address 38550 5TH AVENUE ZEPHYRHILLS, FL 33540			
2. Principal Place of Business - No P.O. Box # 2810 Land O'Lakes Blvd		3. Mailing Address 2810 Land O'Lakes Blvd		 REINSTATEMENT 07-08 07/16/2008 REIN-NP CR2E099 (1/07)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Land O'Lakes		City & State Land O'Lakes					
Zip 34639		Country USA		Zip 34639		Country USA	
4. FEI Number 59-3646110				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent SMITH, PHYLLIS S 14112-8TH STREET DADE CITY, FL 33525				7. Name and Address of New Registered Agent Name Kathy Dunkley Street Address (P.O. Box Number is Not Acceptable) 2810 Land O'Lakes Blvd Land O'Lakes City FL Zip Code 34639			
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 <u>Kathy Dunkley</u> <u>Kathy Dunkley</u> <u>7/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D <input type="checkbox"/> Delete NAME SMITH, PHYLLIS S STREET ADDRESS 14112-8TH STREET CITY-ST-ZIP DADE CITY, FL 33525				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME tony Lister STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME FRENCH, DONNA STREET ADDRESS 38550-5TH AVE CITY-ST-ZIP ZEPHYRHILLS, FL 33525				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Jan SLATER STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME DUNKLEY, KATHY STREET ADDRESS 2810 LAND O'LAKES BLVD CITY-ST-ZIP LAND O LAKES, FL 34639				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME ALPINE, JOE STREET ADDRESS 5443 MAIN ST CITY-ST-ZIP NEW PORT RICHEY, FL 34652				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100133354831 STREET ADDRESS 07/23/08--01027--001 **297.50 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME BASSINGER, ELAYNE STREET ADDRESS 5450 BRUCE B DOWNS BLVD #408 CITY-ST-ZIP WESLEY CHAPLE, FL 33543				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME sheri Goldberg STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Kathy Dunkley</u> <u>Kathy Dunkley</u> <u>7-18-08</u> <u>813-909-2722</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							