## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006507

FILED Apr 15, 2009 Secretary of State

Entity Name: PASCO COUNCIL OF CHAMBERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2810 LAND O'LAKES BLVD LAND O'LAKES, FL 34639 **Current Mailing Address: New Mailing Address:** 2810 LAND O'LAKES BLVD LAND O'LAKES, FL 34639 FEI Number: 59-3646110 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUNKLEY, KATHY DUNKLEY, KATHY C ED 2810 LANÓ O'LAKES BLVD 2810 LANÓ O'LAKES BLVD LAND O'LAKES, FL 34639 US LAND O'LAKES, FL 34639 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: KATHY DUNKLEY 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition LISTER, TONY BECKWITH, NITA Name: Name: 14112-8TH STREET Address: 14112-8TH STREET Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525 Title: Title: () Delete () Change () Addition SLATER, JAN Name: Name: Address: 38550-5TH AVE Address: City-St-Zip: ZEPHYRHILLS, FL 33525 City-St-Zip: Title: () Delete Title: () Change () Addition DUNKLEY, KATHY Name: Name: 2810 LAND O'LAKES BLVD Address: Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: ( ) Delete Title: Title: () Change () Addition ALPINE, JOE Name: Name: Address: 5443 MAIN ST Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GOLDBERG, SHERI Name: Name: 5450 BRUCE B DOWNS BLVD #408 Address: Address: City-St-Zip: WESLEY CHAPLE, FL 33543 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: KATHY DUNKLEY ED 04/15/2009