2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2004 8:00 am Secretary of State

DOCUMENT # P01000047645					. 02-09-2004 90045 035 ***150.00					
1. Entity Name A PLACE FOR WOMEN IN PASCO COUNTY, INC.					,					
	- ·				-					
Principal Place of Business		Mailing Address								
% SHIELA BAHN, MD 38240 DAUGHTERY RD., SUITE 4 ZEPHYRHILLS, FL 33540		% SHIELA BAHN, MD 38240 DAUGHTERY RD., SUITE 4 ZEPHYRHILLS, FL 33540						•		
			140				(1) 6 (1) 1 1 (1) 1 (1)			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc. S		% SHIELA BAHN, MD Suite, Apt. #, etc.								
38030 DAUGHTERY RD.		38030 DAUGHTERY RD.			01282004	Chg-P	CR2E	034 (10/03)		
City & State ZEPHYRHILLS. FL		City & State ZEPHYRHILLS, FL			4. FEI Numb 59-372			" 	plied For t Applicable	
Zip Country		Zip	Country	<u>۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ </u>				\$8.75 Add		
33540 USA 6. Name and Address of Current Re		33540	USA		1			Fee Required		
5. Name and Add	iress of Current Regis	tered Agent	Name		7. Name and	Address of N	ew Registered	Agent		
BAHN, SHIELA Strott Address (SHIELA	or in Not Accor	stable)	· · · · ·		
38240 DAUGHTERY ROAD, SUITE 4 A PLACE FOR WOMEN IN PASCO COUNTY				3803	ddress (P.O. Box Number is Not Acceptable) 38030 DAUGHTERY RD.					
ZEPHYRHILLS, FL 33540				A PL	ACE FOR	WOMEN I	N PASCO	COUNTY		
			City	7 F D H	YRHILLS	1	FL	Zip Code 3354	, ₀	
8. The above named entity submits the obligations of registered age	this statement for the p	ourpose of changing its	registered office	or register	ed agent, or bo	th, in the State	of Florida. I am	familiar with,	and accept	
the obligations of registered age	erų.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								 -		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5 Trust Fund Contribution. Add					.00 May Be ed to Fees					
10.	OFFICERS AND DIREC		11.		ADDITIONS	CHANGES TO	OFFICERS AN	DIRECTORS	S IN 11	
	P Delete TITL			BA	HN, SHIE	ELA A MD)	X Change	☐ Addition	
	S A PLACE FOR WOMEN, SUITE 4				030 DAUG					
	ZEPHYRHILLS, FL 33540 CIT			ZE	PHYRHILI	LS, FL	33540			
TITLE NAME	☐ Delete 1171							☐ Change	Addition	
STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP	1						
TITLE:	Delete - International Interna							Change Change	Addition	
STREET ADDRESS S										
CITY-ST-ZIP	7		CITY-ST-ZIP				1			
TITLE NAME	Delete TII							☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE NAME	Dorotto							Change	☐ Addition	
REET ADDRESS STR										
CITY-ST-ZIP			CITY-ST-ZIP			,				
TITLE .		Delete	TITLE NAME					Change	☐ Addition	
STREET ADDRESS	entre en la company de la comp	to the females and proper appropriate	STREET ADDRESS		With in lank their	Assumption .		••		
CITY-SI-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 StatutesI,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 correction or the requirer of the										
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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:X X 2/6/2004 X813-780-711/										
JIGNALURE:///	TOP AND TYPED OF BOTH TO	NAME OF SIGNING OFFICER	OD DUDTOTOD		/\-	1 v law	$\longrightarrow \angle \setminus$	010 10D	· • • • •	