

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004383

**Entity Name:** PASCO SHERIFF'S CHARITIES, INC.

**Current Principal Place of Business:**

8700 CITIZEN DRIVE  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

P O BOX 1746  
LAND O LAKES, FL 34639

**FEI Number:** 20-1395653

**Certificate of Status Desired:** No

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

PHAYRE, TERRY  
8700 CITIZEN DRIVE  
NEW PORT RICHEY, FL 34654 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name PHAYRE, TERRY  
Address 8700 CITIZEN DR  
City-State-Zip: NEW PORT RICHEY FL 34654

Title T  
Name HERRING, ALAN  
Address 8700 CITIZEN DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title D  
Name WHITE, BOB  
Address 8700 CITIZEN DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title D  
Name BECKMAN, ED  
Address 8700 CITIZEN DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR  
Name NOCCO, CHRIS  
Address P O BOX 1746  
City-State-Zip: LAND O LAKES FL 34639

Title SECRETARY  
Name PORTER, JESSICA SECRETARY  
Address P O BOX 1746  
City-State-Zip: LAND O LAKES FL 34639

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALAN HERRING

**TREASURER**

**04/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date