

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N04000004383

**FILED  
Dec 11, 2018  
Secretary of State  
CR8832901990**

**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 1743  
PORT RICHEY, FL 34673 US

**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:** TERRY PHAYRE

12/11/2018

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 GONZALEZ COLON , GISELA  
Address 8700 CITIZEN DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title D  
Name EDMONSON, TERRANCE  
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 SPREADBURY, MICHELLE  
SECRETARY  
Address P O BOX 1746  
City-State-Zip: LAND O LAKES FL 34639

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

*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:** TERRY PHAYRE

**PRESIDENT**

12/11/2018

Electronic Signature of Signing Officer/Director Detail

Date