

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90237 024 \*\*\*\*61.25

**DOCUMENT # N05000003426**

1. Entity Name  
**HERNANDO COUNTY USBC, B.A., INC.**



Principal Place of Business  
**5194 HARBINGER RD  
 SPRING HILL, FL 34608**

Mailing Address  
**5194 HARBINGER RD  
 SPRING HILL, FL 34608**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**75-3184025**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DITT, RONALD S  
 5194 HARBINGER RD  
 SPRING HILL, FL 34608**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **LEVEROCK, JOHN III**  
 STREET ADDRESS **3229 HARGROVE ST**  
 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **Director**  Change  Addition  
 NAME **faucher, Claude**  
 STREET ADDRESS **14312 NUGENT CIR**  
 CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE **D**  Delete  
 NAME **DITT, RONALD S**  
 STREET ADDRESS **5194 HARBINGER RD**  
 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **Director**  Change  Addition  
 NAME **HATTON, Claude**  
 STREET ADDRESS **24404 EVALINE ST**  
 CITY-ST-ZIP **BROOKSVILLE, FL 34601**

TITLE **VP**  Delete  
 NAME **MAHR, ROBERT**  
 STREET ADDRESS **8262 STEWART ST**  
 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **Director**  Change  Addition  
 NAME **MARTIN, George**  
 STREET ADDRESS **3447 COMMERCIAL WAY**  
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **D**  Delete  
 NAME **BOWERS, DUANE**  
 STREET ADDRESS **9297 EKIDA RDR RD**  
 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **Director**  Change  Addition  
 NAME **DRY, Walter**  
 STREET ADDRESS **3418 KNOTTY OAKS CIR**  
 CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **D**  Delete  
 NAME **HALABY, WILLIAM SR**  
 STREET ADDRESS **10173 HORIZON DR**  
 CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **Director**  Change  Addition  
 NAME **WILKS, Edwin**  
 STREET ADDRESS **14322 NUGENT CIR**  
 CITY-ST-ZIP **SPRING HILL, FL 34609**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director**  Change  Addition  
 NAME **MAY, David D**  
 STREET ADDRESS **2106 COACHMAN RD**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

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: *Ronald S. Ditt* **Ronald S. Ditt** 01-04-07 352 6881005  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #