

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003426

FILED
Jan 20, 2009
Secretary of State

Entity Name: HERNANDO COUNTY USBC, B.A., INC.

Current Principal Place of Business:

5194 HARBINGER RD
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

5194 HARBINGER RD
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 75-3184025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVEROCK, JOHN III
Address: 3229 HARGROVE ST
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: DITT, RONALD S
Address: 5194 HARBINGER RD
City-St-Zip: SPRING HILL, FL 34608

Title: VP () Delete
Name: MAHR, ROBERT
Address: 8262 STEWART ST
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: BOWERS, DUANE
Address: 9297 EKIDA RDR RD
City-St-Zip: SPRING HILL, FL 34608

Title: D () Delete
Name: FAUCHER, CLAUDE
Address: 14312 NUBERT CIR
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: HATTON, CLAUDE
Address: 24404 EVALINE ST
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BOWERS, DUANE
Address: 9297 ELIDA RDR RD
City-St-Zip: SPRING HILL, FL 34608

Title: D (X) Change () Addition
Name: BISARD, GARY
Address: 9167 LAKE CYPRESS LOOP
City-St-Zip: WEEKIWAHACHEE, FL 34613

Title: () Change () Addition
Name:
Address:
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: JOHN LEVEROCK

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date