


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90066 035 ****70.00

DOCUMENT # N97000004960					
1. Entity Name HERNANDO COMPUTER CLUB, INC.					
Principal Place of Business 13400 MONTOUR ST SPRING HILL, FL 34606		Mailing Address POST OFFICE BOX 6392 SPRING HILL, FL 34611-6392			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3483756	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUBERTOWICZ, JOHN 7221 ALOE DRIVE SPRING HILL, FL 34606			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code 34607		
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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input type="checkbox"/> Delete	TITLE	PD LUBERTOWICZ, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBERTOWICZ, JOHN		NAME	7221 ALOE DRIVE (CORRECT)	
STREET ADDRESS	7221 ALOE DRIVE		STREET ADDRESS	SPRING HILL, FL 34607	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D STEINBERGER, WOLFGANG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOERTZ, BARBARA		NAME	1324 SADDLE WAY	
STREET ADDRESS	6036 NOCKLYN		STREET ADDRESS	BROOKSVILLE, FL 34614	
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUAST, JOAN		NAME		
STREET ADDRESS	9668 SCEPTER AVE		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34613		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD CAPP, JOE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPP, JOE		NAME	(CORRECT)	
STREET ADDRESS	2487 RUNNING OAK CT		STREET ADDRESS	2487 RUNNING OAK CT	
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD HALLORAN, DON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLORAN, DON		NAME	6036 NOCKLYN ROAD	
STREET ADDRESS	6036 NOCKLYN ROAD		STREET ADDRESS	SPRING HILL, FL 34609	
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D SYMONDS, VICTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANDEVILIS, ARLENE D		NAME	9340 CREEK CT	
STREET ADDRESS	10385 LOCHAR DRIVE		STREET ADDRESS	WEEKI WACHEE, FL 34613	
CITY-ST-ZIP	SPRING HILL, FL 34608		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 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: <u>JOHN LUBERTOWICZ</u>		3/15/04		352-596-4802	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	