

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mornham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:45

DOCUMENT # 761255 (9)

1. Corporation Name

WEST HERNANDO REPUBLICAN CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 5447
SPRING HILL FL 34606

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SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/29/1981

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2501142

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 1136

26 P.O. Box 1136

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 BROOKSVILLE FL

28 BROOKSVILLE FL

24 Zip

Country

29 Zip

Country

24 34605

25 HERNANDO

29 34605

30 HERNANDO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JONATHAN D. ESQ.
4410 COMMERCIAL WAY, STE. 7
SPRING HILL FL 34606

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COLLETTI, FRANCIS
STREET ADDRESS 1418 VALIANT AVENUE
CITY-ST-ZIP SPRING HILL, FL 00000

1.1 TITLE D
1.2 NAME COLLETTI, FRANCIS ☒ Change ☐ Addition
1.3 STREET ADDRESS 1418 VALIANT AVENUE
1.4 CITY-ST-ZIP SPRING HILL, FL

TITLE D
NAME JOHNSTON, JEFFREY M
STREET ADDRESS 2162 LINWOOD AVE
CITY-ST-ZIP SPRING HILL, FL 00000

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME PADDEN, BEATRICE
STREET ADDRESS 14389 DEHAVEN AVENUE
CITY-ST-ZIP BROOKSVILLE FL

3.1 TITLE VD
3.2 NAME PADDEN, BEATRICE ☒ Change ☐ Addition
3.3 STREET ADDRESS 14389 DEHAVEN AVENUE
3.4 CITY-ST-ZIP

TITLE TD
NAME HAA, ROBERT
STREET ADDRESS 8488 NORTHCLIFFE BLVD
CITY-ST-ZIP SPRING HILL FL

4.1 TITLE TD
4.2 NAME RICHARD L. POORE ☒ Change ☐ Addition
4.3 STREET ADDRESS 13161 BRECHNER ST.
4.4 CITY-ST-ZIP SPRING HILL, FL 34609

TITLE VD
NAME HAMMOND, TERRY
STREET ADDRESS 3203 GULFVIEW DR
CITY-ST-ZIP SPRING HILL FL

5.1 TITLE PD
5.2 NAME HAMMOND, TERRY ☒ Change ☐ Addition
5.3 STREET ADDRESS 3203 GULFVIEW DR.
5.4 CITY-ST-ZIP SPRING HILL, FL

TITLE D
NAME SULLIVAN, PAUL
STREET ADDRESS 275 DARTMOUTH AVENUE
CITY-ST-ZIP SPRING HILL FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard L. Poore RICHARD L. POORE-TREAS. 3-17-95 904-686-4014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #