

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 761255 (9)

1. Corporation Name

WEST HERNANDO REPUBLICAN CLUB, INC.



Principal Place of Business

Mailing Address

PO BOX 1136
BROOKSVILLE FL 34605
US

PO BOX 1136
BROOKSVILLE FL 34605
US

2. Principal Place of Business

2a. Mailing Address

21 TERRY L. HAMMOND

26 TERRY L. HAMMOND

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3203 GULFVIEW DR

27 3203 GULFVIEW DR

City & State

City & State

23 HERNANDO BEACH

28 HERNANDO BEACH

Zip

Country

Zip

Country

24 34607

25 HERNANDO

29 34607

30 HERNANDO

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/29/1981

3a. Date of Last Report
03/22/1995

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

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME POORE, RICHARD L.
STREET ADDRESS 13161 BRECHNER ST.
CITY-ST-ZIP SPRING HILL FL

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD HAMMOND TERRY
3203 GULFVIEW DR
HERNANDO BEACH FL

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 119.07(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 617, 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 TREA. 2-26-96 352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)