

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 761255

1. Entity Name
WEST HERNANDO REPUBLICAN CLUB, INC.



Principal Place of Business
ANNA LIISA COVELL
600 S. MAIN ST.
BROOKSVILLE, FL 34601 US

Mailing Address
ANNA LIISA COVELL
600 S. MAIN ST.
BROOKSVILLE, FL 34601 US



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2501142

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COVELL, ANNA LIISA
STREET ADDRESS	600 S. MAIN ST.
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	VD
NAME	SULLIVAN, PAUL
STREET ADDRESS	3444 CRAPE MYRTLE
CITY-ST-ZIP	HERNANDO BEACH, FL 34607
TITLE	D
NAME	COLLETTI, FRANK
STREET ADDRESS	1418 VALANT CT.
CITY-ST-ZIP	SPRING HILL, FL 34609
TITLE	TD
NAME	COVELL, JAMES A
STREET ADDRESS	600 S. MAIN ST.
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	SD
NAME	NICHOLSON, SANDRA
STREET ADDRESS	10143 SCOTT WILLIAM TRAIL
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	FORTIS, JOE
STREET ADDRESS	3162 GLENBROOK AVE
CITY-ST-ZIP	SPRING HILL, FL 34606

000000001715
01/12/04-80021-010 70.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-04 352 544 0120
Date Daytime Phone #