

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761255

Entity Name: FIRST HERNANDO REPUBLICAN CLUB INC**Current Principal Place of Business:**14139 BASSINGTHORPE DRIVE
SPRING HILL, FL 34609**Current Mailing Address:**14139 BASSINGTHORPE DRIVE
SPRING HILL, FL 34609 US**FEI Number:** 59-2501142**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INGOGLIA, BLAISE
2939 LANDOVER BLVD
SPRING HILL, FL 34608 US*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

Officer/Director Detail :

Title PRESIDENT
Name CAQUELIN, DONALD D
Address 14139 BASSINGTHORPE DRIVE
City-State-Zip: SPRING HILL FL 34609

Title TREASURER
Name DILLARD, JAMES
Address 12345 CITRUS WAY
City-State-Zip: BROOKSVILLE FL 34601

Title BMEM
Name FARRAR, JULIE
Address 3120 AMBASSADOR
City-State-Zip: SPRING HILL FL 34609

Title BMEM
Name INGOGLIA, ANDREW
Address 11323 HIGHLANDER COURT
City-State-Zip: SPRING HILL FL 34609

Title VP
Name VICKERS, MARY KAE
Address 9535 SOUTHERN BELLE DRIVE
City-State-Zip: WEEKI WACHEE FL 34613

Title SECRETARY
Name WITHERELL, ELIZABETH
Address 5162 JENSON AVE
City-State-Zip: SPRINGHILL FL 34608

Title BMEM
Name NICHOLSON, SANDRA
Address 10143 SCOTT WILLIAM TRAIL
City-State-Zip: BROOKSVILLE FL 34601

Title BMEM
Name WOOD, JACK
Address 4127 CASTLE AVENUE
City-State-Zip: SPRING HILL FL 34609

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: DONALD D. CAQUELIN**PRESIDENT****01/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PP
Name RUGE, RONALD A
Address 5010 BREAKWATER BLVD
City-State-Zip: SPRING HILL FL 34607

Title BMEM
Name RUGE, BONNIE
Address 5010 BREAKWATER BLVD
City-State-Zip: SPRING HILL FL 34607