

**2014 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            SETELIUS, ALAN  
Address        276 PRESTON HOLLOW DRIVE  
City-State-Zip: SPRING HILL FL 34609

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

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

Title            VP  
Name            PAPAGEORGE, GEORGE  
Address        1370 MEADOW LARK DRIVE  
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

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*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****03/03/2014**

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