

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003426

**FILED**  
**Feb 04, 2018**  
**Secretary of State**  
**CC6562935112**

**Entity Name:** HERNANDO COUNTY USBC ASSOCIATION, INC.

**Current Principal Place of Business:**

9297 ELIDA ROAD  
SPRING HILL, FL 34608

**Current Mailing Address:**

9297 ELIDA ROAD  
SPRING HILL, FL 34608

**FEI Number: 75-3184025**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOWERS, DUANE M  
9297 ELIDA ROAD  
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 EXECUTIVE SECRETARY  
Name BOWERS, DUANE M  
Address 9297 ELIDA ROAD  
City-State-Zip: SPRING HILL FL 34608

Title PRESIDENT  
Name ULM, STEPHEN  
Address 318 WOODSTREAM WAY  
City-State-Zip: SPRING HILL FL 34608

Title DIRECTOR  
Name SHORT, MARY JO  
Address 9068 CROOM RITAL RD  
City-State-Zip: BROOKSVILLE FL 64602

Title VP  
Name KIERZYNSKI, MICHAEL J  
Address 5365 KEYSULLE AVE  
City-State-Zip: SPRING HILL FL 34608

Title DIRECTOR  
Name LITTLE, RUSSEL  
Address 9297 ELIDA ROAD  
City-State-Zip: SPRING HILL FL 34608

Title VP  
Name DAVIDSON, BILL M  
Address 10433 MATTERHORN CT  
City-State-Zip: SPRING HILL FL 34608

Title VP  
Name WOOD, NANCY M  
Address 18635 WILDLIFE TRAIL  
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR  
Name BLOCK, SPOOKY  
Address 11710 LINDEN DR  
City-State-Zip: SPRING HILL FL 34608

**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: DUANE M. BOWERS**

**EXEC SECRETARY**

**02/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MATOS, THERESA  
Address 61 BELLS OF IRELAND CT  
City-State-Zip: HOMMOSASSA FL 34446

Title DIRECTOR  
Name TOUCET, MICHELE R  
Address 4549 LISETTE CIR  
City-State-Zip: BROOKSVILLE FL 34604

Title DIRECTOR  
Name WEBB, GARALDINE M  
Address 12140 TIMBER LN  
City-State-Zip: BROOKSVILLE FL 34601

Title DIRECTOR  
Name MILITSCHER, LE ANN  
Address 12086 RASCHKE RUN  
City-State-Zip: BROOKSVILLE FL 34614

Title DIRECTOR  
Name MATOS, AGUSTIN JR.  
Address 61 BELLS OF IRELAND CT  
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR  
Name TRENTON, LONNIE JR.  
Address 8452 NIGHTINGALE RD  
City-State-Zip: WEEKI WACHEE FL 34613

Title DIRECTOR  
Name YOUNG, TONY  
Address 17639 DR GLENDA  
City-State-Zip: SPRING HILL FL 34610

Title DIRECTOR  
Name MILITSCHER, TOM G  
Address 12086 RASCHKE RUN  
City-State-Zip: BROOKSVILLE FL 34614