

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741923 (7)

1. Corporation Name

HERNANDO COUNTY PROFESSIONAL ORGANIZATION, INC.

Principal Place of Business

81 MARKHAM LANE
BROOKSVILLE FL 34601-2770
US

Mailing Address

81 MARKHAM LANE
BROOKSVILLE FL 34601-2770
US3. Date Incorporated or Qualified
03/08/19783a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-1805971Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INMON, BONATHA G.
81 MARKHAM LANE
BROOKSVILLE FL 34601

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME YANT, CHRISTINE
STREET ADDRESS 12477 JOCELYN WAY
CITY - ST - ZIP SPRING HILL FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE D
NAME HAMILTON, LORENZO
STREET ADDRESS P. O. BOX 1161 N/A
CITY - ST - ZIP BROOKSVILLE FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE D
NAME YANT, JAMES
STREET ADDRESS 12477 JOCELYN WAY
CITY - ST - ZIP SPRING HILL FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE P
NAME INMON, BONATHA G.
STREET ADDRESS 81 MARKHAM LANE
CITY - ST - ZIP BROOKSVILLE, FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE V
NAME INMON, RICHARD SR.
STREET ADDRESS 81 MARKHAM LANE
CITY - ST - ZIP BROOKSVILLE, FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D
NAME ROBINSON, WILLIAM
STREET ADDRESS 900 EMERSON ROAD
CITY - ST - ZIP BROOKSVILLE FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

Bonatha G. Inmon 4-28-97 352-796-0726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)