

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV -3 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 741923

(7)

1. Corporation Name

HERNANDO COUNTY PROFESSIONAL ORGANIZATION, INC.

Principal Place of Business

Mailing Address

81 MARKHAM LANE
BROOKSVILLE FL 34601-2770
US

81 MARKHAM LANE
BROOKSVILLE FL 34601-2770
US

3. Date Incorporated or Qualified

03/08/1978

4. FEI Number

59-1805971

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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)

000002684570--1

83

-11/10/98-01054--024

84 City

*****61.25 *****61.25
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 FL

1.1 TITLE P
1.2 NAME Pamela Howard
1.3 STREET ADDRESS 11450 Broad St
1.4 CITY-ST-ZIP Brooksville, FL 34601

TITLE D
NAME HAMILTON, LORENZO
STREET ADDRESS P. O. BOX 1161 N/A
CITY-ST-ZIP BROOKSVILLE FL

2.1 TITLE V/T
2.2 NAME James Yant
2.3 STREET ADDRESS 12477 Jocelyn Way
2.4 CITY-ST-ZIP Spring Hill, FL

TITLE D
NAME YANT, JAMES
STREET ADDRESS 12477 JOCELYN WAY
CITY-ST-ZIP SPRING HILL FL

3.1 TITLE S
3.2 NAME Bonatha G. Inmon
3.3 STREET ADDRESS 81 Markham Ln
3.4 CITY-ST-ZIP Brooksville, FL 34601

TITLE P
NAME INMON, BONATHA G.
STREET ADDRESS 81 MARKHAM LANE
CITY-ST-ZIP BROOKSVILLE, FL

4.1 TITLE D
4.2 NAME Christine Yant
4.3 STREET ADDRESS 12477 Jocelyn Way
4.4 CITY-ST-ZIP Spring Hill, FL

TITLE V
NAME INMON, RICHARD SR.
STREET ADDRESS 81 MARKHAM LANE
CITY-ST-ZIP BROOKSVILLE, FL

5.1 TITLE D
5.2 NAME Richard Inmon, Sr
5.3 STREET ADDRESS 81 Markham Ln
5.4 CITY-ST-ZIP Brooksville, FL 34601

TITLE D
NAME ROBINSON, WILLIAM
STREET ADDRESS 900 EMERSON ROAD
CITY-ST-ZIP BROOKSVILLE FL

6.1 TITLE D
6.2 NAME Hamilton, Lorenzo
6.3 STREET ADDRESS P.O. Box 1161 N/A
6.4 CITY-ST-ZIP Brooksville, FL 34605

14. 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 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 Bonatha G. Inmon 9-25-98 352-797-7030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)