

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747875** (3)

1. Corporation Name

HERNANDO CMC CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

NO. PARSON'S PT.
P.O. BOX 852
HERNANDO FL 32642

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P.O. BOX 852
HERNANDO FL 32642

3. Date Incorporated or Qualified **06/29/1979** 3a. Date of Last Report **03/30/1994**

4. FBI Number **59-2401116** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **HERNANDO CMC CLUB**

26 **PO Box 852**

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 **HERNANDO, FL CITRUS**

28 **HERNANDO FL**

24 City & State Zip Country

29 City & State Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEIRNAN ELIZABETH
3081 N WHEATON PT
HERNANDO FL 34442

B1 Name **John R. Dahler Jr.**
B2 Street Address (P.O. Box Number is Not Acceptable) **3705 E. Diamond Circle**
B3
B4 City **Hernando** FL B5 Zip Code **34442**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

John R. Dahler Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	KIERNAN, ELIZABETH
STREET ADDRESS	3081 N. WHEATON PT.
CITY - ST - ZIP	HERNANDO FL
TITLE	SD
NAME	LORENTZ, LINDA S.
STREET ADDRESS	245 S. FITZPATRICK
CITY - ST - ZIP	INVERNESS FL
TITLE	VP
NAME	LINGENFELTER, BETTY
STREET ADDRESS	685 E WENNETKA ST.
CITY - ST - ZIP	HERNANDO FL
TITLE	D
NAME	KEIRNAN, TED
STREET ADDRESS	3081 N WHEATON PT
CITY - ST - ZIP	HERNANDO FL
TITLE	T
NAME	KROM, JOHN
STREET ADDRESS	542 E. BUCKINGHAM DR.
CITY - ST - ZIP	NECANTO FL
TITLE	D
NAME	GRUBER, RUDI
STREET ADDRESS	481 AMHERST
CITY - ST - ZIP	HERNANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John R. Dahler Jr.
1.3 STREET ADDRESS	3705 E. Diamond Cir.
1.4 CITY - ST - ZIP	Hernando, FL 34442
2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lorentz, Linda S.
2.3 STREET ADDRESS	245 S. Fitzpatrick
2.4 CITY - ST - ZIP	Inverness, FL
3.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINGENFELTER, Betty
3.3 STREET ADDRESS	685 E. WENNETKA ST.
3.4 CITY - ST - ZIP	Hernando, FL
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kiernan, Ted
4.3 STREET ADDRESS	3081 N. WHEATON PT.
4.4 CITY - ST - ZIP	Hernando, FL
5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Madeline Hamersma
5.3 STREET ADDRESS	3910 N. Blue Water Dr.
5.4 CITY - ST - ZIP	Hernando, FL
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gruber, Rudi
6.3 STREET ADDRESS	481 Amherst
6.4 CITY - ST - ZIP	Hernando, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *John R. DAHLER JR.*

3/28/95 1-904-726-2551