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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 747875 (3)
1. Corporation Name
HERNANDO CIVIC CENTER, INC.



Principal Place of Business: HERNANDO CIVIC CLUB, P.O. BOX 852, HERNANDO FL 32642, US
Mailing Address: P.O. BOX 852, P.O. BOX 852, HERNANDO FL 34442-0852, US

3. Date Incorporated or Qualified: 06/29/1979
3a. Date of Last Report: 03/19/1996
4. FEI Number: 59-2401116
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business: 21 HERNANDO CIVIC CLUB, 22 3848 E. PARSONS POINT ROAD, 23 HERNANDO, FL, 24 34442, 25 US
2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28 Zip, 29 Country: US, 30

9. Name and Address of Current Registered Agent
NOYES, LOUISE
3524 N VENTURA CIRCLE
3705 E DIAMOND CIRCLE
HERNANDO FL 34442

10. Name and Address of New Registered Agent
81 Name: ELLINWOOD, STANLEY
82 Street Address (P.O. Box Number is Not Acceptable): 2459 N. LAKEFRONT DRIVE
83
84 City: HERNANDO, FL, 85 Zip Code: 34442

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: Stanley Ellinwood STANLEY ELLINWOOD PRESIDENT/REGISTERED AGENT 3/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAHLE, JOHN	
STREET ADDRESS	3705 E DAIMOND CIRCLE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAMERSMA, MADELINE	
STREET ADDRESS	3910 N BLUE WATCH DR	
CITY-ST-ZIP	HERNANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KEIRNAN, BETTY	
STREET ADDRESS	3081 N WHEATON PT	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEIRNAN, TED	
STREET ADDRESS	3081 N WHEATON PT	
CITY-ST-ZIP	HERNANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAMERSMA, MADELINE	
STREET ADDRESS	3910 N BLUE WATER DRIVE	
CITY-ST-ZIP	HERNANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELLINWOOD, STANLEY	
1.3 STREET ADDRESS	2459 N. LAKEFRONT DRIVE	
1.4 CITY-ST-ZIP	HERNANDO, FL 34442	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WINGFIELD, MICHAEL	
2.3 STREET ADDRESS	4437 DESERTSAND TERRACE	
2.4 CITY-ST-ZIP	HERNANDO, FL 34442	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHARLOTTE DEBOARD	
3.3 STREET ADDRESS	4923 E. RUGBY TR	
3.4 CITY-ST-ZIP	HERNANDO, FL 34442	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TULLY, FLORA	
4.3 STREET ADDRESS	2915 N. KENT POINT	
4.4 CITY-ST-ZIP	HERNANDO, FL 34442	
5.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KEIRNAN, TED	
5.3 STREET ADDRESS	3081 N. WHEATON POINT	
5.4 CITY-ST-ZIP	HERNANDO, FL 34442	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KEECH, MILDRED	
6.3 STREET ADDRESS	2461 N. TODD POINT	
6.4 CITY-ST-ZIP	HERNANDO, FL 34442	

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: Stanley Ellinwood STANLEY ELLINWOOD 3/19/97 (852) 926-1515
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0065150

CFR2E037 (9/96)