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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747875

1. Corporation Name
HERNANDO CIVIC CENTER, INC.

Principal Place of Business HERNANDO CIVIC CLUB 3848 E. PARSONS POINT RD. HERNANDO FL 34442 US	Mailing Address P.O. BOX 852 P.O. BOX 852 HERNANDO FL 32642 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/29/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2401116 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CARLSON, KENNETH E 2560 N. PARK PT. HERNANDO FL 34442		10. Name and Address of New Registered Agent	
81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLSON, KENNETH E		1.2 NAME		
STREET ADDRESS	2560 N. PARK PT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NOBLE, DAVIS		2.2 NAME		
STREET ADDRESS	4330 N. FROLY PT		2.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		2.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANVERSON, MADELINE - HAMERSMA		3.2 NAME		
STREET ADDRESS	3190 BLUE WATER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TULLY, FLORA		4.2 NAME		
STREET ADDRESS	2915 N. KENT POINT		4.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEIRMAN, TED		5.2 NAME		
STREET ADDRESS	3081 N. WHEATON POINT		5.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEECH, MILDRED		6.2 NAME		
STREET ADDRESS	2461 N. TODD POINT		6.3 STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Kenneth E Carlson* 1-28-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)