


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90025 005 ****61.25

DOCUMENT # 747875 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BANNISTER, JUDY 4168 E. ALAHAMA LANE HERNANDO FL 34442				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <u>Judith (Judy) M. Bannister</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <u>Judith M Bannister</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <u>Feb 24, 2004</u> <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	CARLSON, KENNETH E		NAME		
STREET ADDRESS	2560 N. PARK PT.		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		CITY-ST-ZIP		
TITLE	VP		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	CHRISTOPHER, RALPH		NAME		
STREET ADDRESS	2546 N. TREASURE POINT		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL 34442		CITY-ST-ZIP		
TITLE	T		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	HAMERSMA, MADELINE		NAME		
STREET ADDRESS	3190 BLUE WATER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		CITY-ST-ZIP		
TITLE	S		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
NAME	VAREL, BARBARA		NAME	Secretary	
STREET ADDRESS	3547 N. VENTURA VILLAGE		STREET ADDRESS	BETHY A. ESLER	
CITY-ST-ZIP	HERNANDO FL 34442		CITY-ST-ZIP	998 E. WACKER ST.	
TITLE	D		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	DEMARRAIS, THERESA		NAME		
STREET ADDRESS	3081 N. WHEATON POINT		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL 34442		CITY-ST-ZIP		
TITLE	D		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	KEECH, MILDRED		NAME		
STREET ADDRESS	2461 N. TODD POINT		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO FL		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Judith M. Bannister</u> <u>Judith M Bannister</u> <u>Res</u> <u>Feb 24, 2004</u> <u>352-344-9833</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					