

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **750676** (9)

1. Corporation Name

SENIOR CITIZENS CLUB OF HERNANDO COUNTY, FLORIDA INC.

Principal Place of Business

Mailing Address

CAVE HILL RD
PO BOX 5274
SPRING HILL FL 34606

CAVE HILL RD
PO BOX 5274
SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1980

3a. Date of Last Report

03/15/1994

4. FEI Number

59-2014004

Applied For

Not Applicable

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. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

21 7925 RHANBUOY RD

2a. Mailing Address

26 7925 RHANBUOY RD

Suite, Apt. #, etc.

22 P. O. BOX 5274

Suite, Apt. #, etc.

27 P. O. BOX 5274

City & State

23 SPRINGHILL, FL

City & State

28 SPRINGHILL, FL

Zip

24 34606 0274

Country

Zip

29 34606 0274

Country

9. Name and Address of Current Registered Agent

RYAN, JAMES W
1368 PILGRIM RD.
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name CORRADO PIROTTA
82 Street Address (P.O. Box Number is Not Acceptable) 4532 TIBURON AVE
83
84 City SPRINGHILL, FL FL 85 Zip Code 34608

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 *Corrado Pirrotta*

CORRADO PIROTTA, PRES

APRIL 12, 1995

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	VP
NAME	PIROTTA, CORY
STREET ADDRESS	4532 TIBURON AVE.
CITY - ST - ZIP	SPRING HILL, FL 00000
TITLE	T
NAME	BLACKWELL, CATHERINE
STREET ADDRESS	4383 COLLINS ROAD
CITY - ST - ZIP	SPRING HILL, FL 00000
TITLE	D
NAME	STEVENS, JOSEPH
STREET ADDRESS	363 DANDELION COURT
CITY - ST - ZIP	SPRING HILL, FL 00000
TITLE	D
NAME	SICO, SAM
STREET ADDRESS	7293 PHILATELIC DR.
CITY - ST - ZIP	SPRING HILL, FL 0
TITLE	D
NAME	BIXBY, GEORGETTE
STREET ADDRESS	10424 LAFOY ROAD
CITY - ST - ZIP	SPRING HILL, FL 00000
TITLE	P
NAME	RYAN, JAMES W
STREET ADDRESS	1368 PILGRIM ROAD
CITY - ST - ZIP	SPRING HILL, FL 00000

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	CORRADO PIROTTA	
1.3 STREET ADDRESS	4532 TIBURON AVE	
1.4 CITY - ST - ZIP	SPRINGHILL, FL 34608	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MITTY JICO	
2.3 STREET ADDRESS	7397 PHILATELIC DR	
2.4 CITY - ST - ZIP	SPRING HILL, FLA 34606	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	V/A T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	EDWARD F. SOKOLOWSKI	
6.3 STREET ADDRESS	9656 HORIZON DR	
6.4 CITY - ST - ZIP	SPRINGHILL, FL 34608	

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 118.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ketty Sico*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95

DATE

Daytime Phone #