

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 750676 (9)

1. Corporation Name

SENIOR CITIZENS CLUB OF HERNANDO COUNTY, FLORIDA INC.



Principal Place of Business

Mailing Address

7925 RHANBUOY RD
P.O. BOX 5274
SPRINGHILL FL 34606
US

7925 RHANBUOY RD
P.O. BOX 5274
SPRINGHILL FL 34606
US

3. Date Incorporated or Qualified
01/21/1980

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2014004

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIRROTTA, CORRADO
4532 TIBURON AVE
SPRINGHILL FL 34608

81 Name
BIXBY, GEORGETTE
82 Street Address (P.O. Box Number is Not Acceptable)
10424 LAFOY RD.
83
SPRING HILL, FL.
84 City
FL 85 Zip Code
34608

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

Georgette Bixby

2-8-96

Signature, typed or printed name of registered agent and applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PIRROTTA, CORRADO	
STREET ADDRESS	4532 TIBURON AVE	
CITY - ST - ZIP	SPRINGHILL FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SICO, KITTY	
STREET ADDRESS	7397 PHILATELIC DR	
CITY - ST - ZIP	SPRINGHILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, JOSEPH	
STREET ADDRESS	363 DANDELION COURT	
CITY - ST - ZIP	SPRING HILL, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SICO, SAM	
STREET ADDRESS	7293 PHILATELIC DR.	
CITY - ST - ZIP	SPRING HILL, FL 0	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIXBY, GEORGETTE	
STREET ADDRESS	10424 LAFOY ROAD	
CITY - ST - ZIP	SPRING HILL, FL 00000	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	SOKOLOWSKI, EDWARD F	
STREET ADDRESS	9856 HORIZON DR	
CITY - ST - ZIP	SPRINGHILL 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	BIXBY, GEORGETTE	
1.3 STREET ADDRESS	10424 LAFOY RD.	
1.4 CITY - ST - ZIP	SPRING HILL, FL. 34608	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HEARD, EILEEN	
2.3 STREET ADDRESS	8040 WYSOCKI CT.	
2.4 CITY - ST - ZIP	SPRING HILL, FL. 34606	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SAEZ, MARCY	
3.3 STREET ADDRESS	9342 NEW ORLEANS DR.	
3.4 CITY - ST - ZIP	BROOKSVILLE, FL. 34613	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEVENS, JOSEPH	
4.3 STREET ADDRESS	363 DANDELION CT.	
4.4 CITY - ST - ZIP	SPRING HILL, FL. 34606	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GONZALES, CAROLYN	
5.3 STREET ADDRESS	4225 CAVEHILL RD.	
5.4 CITY - ST - ZIP	SPRING HILL, FL. 34606	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CONDE, PAUL	
6.3 STREET ADDRESS	5270 BAFFIN CIR.	
6.4 CITY - ST - ZIP	SPRING HILL, FL. 34606	

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 119.07(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:

Georgette Bixby

2-8-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)