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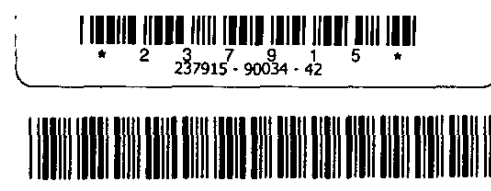
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 750676
 1. Corporation Name
SENIOR CITIZENS CLUB OF HERNANDO COUNTY, FLORIDA INC.

Principal Place of Business 7925 RHANBUOY RD P.O. BOX 5274 SPRINGHILL FL 34611 US	Mailing Address 7925 RHANBUOY RD P.O. BOX 5274 SPRINGHILL FL 34611 US
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2. Principal Place of Business 21 7925 RHANBUOY RD Suite, Apt. #, etc. 22 City & State 23 SPRING HILL, FL 34606-1952 Zip 24 34606-1952 Country 25 USA	2a. Mailing Address 26 7925 RHANBUOY RD Suite, Apt. #, etc. 27 City & State 28 SPRING HILL, FL 34606-1952 Zip 29 34606-1952 Country 30 USA	3. Date Incorporated or Qualified 01/21/1980	4. FEI Number 59-2014004 Applied For Not Applicable	5. Certificate of Status Desired X \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent BIXBY, GEORGETTE 10424 LAFOY RD SPRING HILL FL 34608	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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-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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME FRANK WERTHWEIN STREET ADDRESS 4511 BAYRIDGE CT CITY-ST-ZIP SPRING HILL FL	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME NICHOLAS FEOLA 1.3 STREET ADDRESS 2174 ARROW RD 1.4 CITY-ST-ZIP SPRING HILL FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JERRY JAHN STREET ADDRESS 362 CRESSIDA CIR CITY-ST-ZIP SPRING HILL FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME IDA TRITLE 2.3 STREET ADDRESS 128 WATERFALL DR 2.4 CITY-ST-ZIP SPRING HILL FL 34608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME SAEZ, MARCY STREET ADDRESS 9342 NEW ORLEANS DR CITY-ST-ZIP BROOKSVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME SAM SICO 3.3 STREET ADDRESS 7397 PHILATELIC DR 3.4 CITY-ST-ZIP SPRING HILL FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME STEVENS, JOSEPH STREET ADDRESS 363 DANDELION CT CITY-ST-ZIP SPRING HILL FL	<input type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME MARIA PINK 4.3 STREET ADDRESS 9306 BOBCAT DR 4.4 CITY-ST-ZIP WEEKI WACHEE FL 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME GONZALES, CAROLYN STREET ADDRESS 4225 CAVEHILL RD CITY-ST-ZIP SPRING HILL FL	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME WERNER EICHHOEFER 5.3 STREET ADDRESS 11177 MERCEDES ST 5.4 CITY-ST-ZIP SPRING HILL FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME WATSON, MAE STREET ADDRESS 2001 DEBORAH DR CITY-ST-ZIP SPRING HILL FL 34609	<input type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME ROBERT CORCORAN 6.3 STREET ADDRESS 1106 TRELIS AVE 6.4 CITY-ST-ZIP SPRING HILL FL 34606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Georgette Bixby **President** 3-4-99 352 596 1095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)

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750676

1999 NONPROFIT CORPORATION ANNUAL REPORT

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SENIOR CITIZENS CLUB OF HERNANDO COUNTY, FLORIDA, INC.

LINE 12. OFFICERS AND DIRECTORS SUPPLEMENT

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BIXBY, GEORGETTE
10424 LAFOY RD
SPRING HILL FL 34608

T
HEARD, EILEEN
8040 WYSOCKI CT
SPRING HILL FL 34611