

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90022 047 \*\*\*\*61.25

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

**40038718**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 7925 RHANBUOY RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34606	Country	Zip	Country

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4. FEI Number 59-2014004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name  
WILLIAM SCHMIDT  
Street Address (P.O. Box Number is Not Acceptable)  
7925 RHANBUOY RD  
City  
SPRING HILL FL Zip Code  
34606

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSEPHINE O'SHEA 5484 ALDERWOOD ST SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOHN BUONO 1284 ALTOONA AVE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HELEN GODFRY 5254 BEACHVIEW DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WILLIAM SCHMIDT 5128 WELLINGTON RD SPRING HILL, FL 34609
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne O'Shea JOANNE O'SHEA 1/26/2005 (352) 596-1095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #