NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2007 8:00 am
Secretary of State
05-16-2007 90015 038 ****61.25

DOCUMENT # 750676

1. Entity Name

SENIOR CITIZENS CLUB OF HERNANDO COUNTY FLORIDA INC

DO NOT WRITE IN THIS SPACE

40114315

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7925 RHANBUOY RD	7925 RHANBUOY RD
Suite, Apt #, etc	Suite, Apt. #, etc,
City & State: SPRING HILL, FLORIDA	City & State: SPRING HILL, FLORIDA
Zip: 34606-1952 Country:	Zip: 34606-1952 Country:

4. FEI Number: 59-2014004 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WILLIAM PENNY

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)

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE	PRESIDENT	TITLE	
NAME	JOHN BUONO	NAME	
STREET ADDRESS	1284 ALTOONA AVE	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP	
TITLE	VICE PRESIDENT	TITLE	
NAME	JOANNE O'SHEA	NAME	
STREET ADDRESS	5484 ALDERWOOD ST.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	HELEN GODFREY	NAME	
STREET ADDRESS	5254 BEACHVIEW DR.	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	SPRING HILL, FL 34606	CITY-ST-ZIP	
TITLE	TREASURER	TITLE	IN THIS SPACE
NAME	WILLIAM PENNY	NAME	
STREET ADDRESS	11075 MIRAGE AVE	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34614	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: John Buono President 5-9-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #