

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90029 002 ****61.25

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

DOCUMENT # 750676			
1. Entity Name SENIOR CITIZENS CLUB OF HERNANDO COUNTY FLORIDA INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 7925 RHANBUOY RD Suite, Apt #, etc		3. Mailing Address 7925 RHANBUOY RD 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 <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 BELMEDA FERNANDES			
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 <i>Belmeda Fernandes</i>		DATE 7-20-08	
Signature typed or printed name of registered agent and UBR if applicable. (NOTE: Registered Agent signature required when reinstating)			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN BUONO 6028 PINEHURST DR. SPRING HILL, FL 34608	11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOANNE O'SHEA 5484 ALDERWOOD ST. SPRING HILL, FL 34606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BELMEDA FERNANDES 18624 CARACARA CT. SPRING HILL, FL 34610		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY HELEN GODGREY 5254 BEACHVIEW DR. SPRING HILL, FL 34606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOAN ORMSTON 2051 ALAMEDA DR. SPRING HILL, FL 34609		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EDITH LAWLESS 4491 HOFFMAN AVE SPRING HILL, FL 34606		
		DO NOT WRITE IN THIS SPACE	
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: <i>John Buono</i>		DATE 6-19-08 Daytime Phone # 352 596 1095	
Signature and typed or printed name of signing officer or director			