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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 22 PM 3:45

DOCUMENT # 761255 (9)

1. Corporation Name
WEST HERNANDO REPUBLICAN CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 5447 SPRING HILL FL 34606	P O BOX 5447 SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2501142 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 1136	26 P.O. Box 1136
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 BROOKSVILLE, FL	28 BROOKSVILLE, FL
24 Zip 34605 / 25 Country HERNANDO	29 Zip 34605 / 30 Country HERNANDO

9. Name and Address of Current Registered Agent

SMITH, JONATHAN D. ESQ.
4410 COMMERCIAL WAY, STE. 7
SPRING HILL FL 34606

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	☒ Change ☐ Addition D
NAME	COLLETTI, FRANCIS	1.2 NAME	
STREET ADDRESS	1418 VALIANT AVENUE	1.3 STREET ADDRESS	1418 VALIANT AVENUE
CITY-ST-ZIP	SPRING HILL, FL 00000	1.4 CITY-ST-ZIP	SPRING HILL, FL
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, JEFFREY M	2.2 NAME	
STREET ADDRESS	2162 LINWOOD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☒ Change ☐ Addition VD
NAME	PADDEN, BEATRICE	3.2 NAME	PADDEN, BEATRICE
STREET ADDRESS	14389 DEHAVEN AVENUE	3.3 STREET ADDRESS	14389 DEHAVEN AVENUE
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☒ Change ☐ Addition TD
NAME	HAA, ROBERT	4.2 NAME	RICHARD L. POORE
STREET ADDRESS	8488 NORTHCLIFFE BLVD	4.3 STREET ADDRESS	13161 BRECHNER ST.
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	SPRING HILL, FL. 34609
TITLE	VD	5.1 TITLE	☒ Change ☐ Addition PD
NAME	HAMMOND, TERRY	5.2 NAME	HAMMOND, TERRY
STREET ADDRESS	3203 GULFVIEW DR	5.3 STREET ADDRESS	3203 GULFVIEW DR.
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	SPRING HILL, FL
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, PAUL	6.2 NAME	
STREET ADDRESS	275 DARTMOUTH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Richard L. Poore RICHARD L. POORE-TREAS. 3-17-95 904-686-4014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048701