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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761255 (9)

1. Corporation Name

WEST HERNANDO REPUBLICAN CLUB, INC.



Principal Place of Business

Mailing Address

C/O TERRY L. HAMMOND
3203 GULFVIEW DRIVE
HERNANDO BEACH FL 34607
USC/O TERRY HAMMOND
3203 GULFVIEW DRIVE
HERNANDO BEACH FL 34607-3034
US3. Date Incorporated or Qualified
12/29/19813a. Date of Last Report
03/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1/0 JEFFREY M. Johnston

26 1/0 JEFFREY M. Johnston

4. FEI Number

59-2501142

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2162 LINWOOD AVE.

27 2162 LINWOOD AVE.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 SPRING HILL FLA.

28 SPRING HILL FLA.

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

24 34608

25 HERNANDO

29 34608

30 HERNANDO

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JONATHAN D. ESQ.
4410 COMMERCIAL WAY, STE. 7
SPRING HILL FL 34608

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COLLETTI, FRANCIS
STREET ADDRESS 1418 VALIANT AVENUE
CITY-ST-ZIP SPRING HILL, FL 000001.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D
NAME JOHNSTON, JEFFREY M
STREET ADDRESS 2162 LINWOOD AVE
CITY-ST-ZIP SPRING HILL, FL 000002.1 TITLE
2.2 NAME PD
2.3 STREET ADDRESS JEFFREY M. Johnston
2.4 CITY-ST-ZIP 2162 LINWOOD AVE
SPRING HILL, FL 34608TITLE VD
NAME PADDEN, BEATRICE
STREET ADDRESS 14389 DEHAVEN AVENUE
CITY-ST-ZIP BROOKSVILLE FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD
NAME POORE, RICHARD L.
STREET ADDRESS 13161 BRECHNER ST.
CITY-ST-ZIP SPRING HILL FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE PD
NAME HAMMOND, TERRY
STREET ADDRESS 3203 GULFVIEW DR
CITY-ST-ZIP SPRING HILL FL5.1 TITLE
5.2 NAME D TERRY HAMMOND
5.3 STREET ADDRESS 3203 GULFVIEW DR.
5.4 CITY-ST-ZIP SPRING HILL FL 34607-3034TITLE D
NAME SULLIVAN, PAUL
STREET ADDRESS 275 DARTMOUTH AVENUE
CITY-ST-ZIP SPRING HILL FL6.1 TITLE
6.2 NAME S PATRICIA BAKER
6.3 STREET ADDRESS 8267 DELAWARE ST.
6.4 CITY-ST-ZIP SPRING HILL FL 34607

14. I do 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.

SIGNATURE: Richard L. Poore RICHARD L. POORE 2-10-97 1-352 686-4014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0086429

CR2E037 (9/96)