

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90001 007 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                            |                                                                                                                                                                                               |                                                                                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 761255</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                            |                                                                                                                                                                                               |                                                                                         |  |
| <b>1. Entity Name</b><br>WEST HERNANDO REPUBLICAN CLUB, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                            |                                                                                                                                                                                               |                                                                                         |  |
| <b>Principal Place of Business</b><br>PAUL H. SULLIVAN <i>Rich McDermott</i><br><del>3444 GRAPE MYRTLE DR</del> <i>7092 RIVER RUN BLVD</i><br>SPRING HILL FL 34607<br>US <i>11144 MERCEDES ST</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                            | <b>Mailing Address</b><br>PAUL H. SULLIVAN <i>Rich McDermott</i><br><del>3444 GRAPE MYRTLE DR</del> <i>7092 RIVER RUN BLVD</i><br>SPRING HILL FL 34607<br>US <i>11144 Mercedes St.</i>        |                                                                                         |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                            | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                                                                                                              |                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                            | City & State                                                                                                                                                                                  |                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Country                                                                                    |                                                                                                                                                                                               | 2nd MOORE CR2E037 (4/06)                                                                |  |
| <b>4. FEI Number</b><br>59-2501142                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                            |                                                                                                                                                                                               | Applied For<br>Not Applicable                                                           |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                            |                                                                                                                                                                                               | <b>\$8.75 Additional Fee Required</b>                                                   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>SMITH, JONATHAN D. ESQ.<br>4410 COMMERCIAL WAY, STE. 7<br>SPRING HILL FL 34606                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                      |                                                                                         |  |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                            | Zip Code                                                                                                                                                                                      |                                                                                         |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                            |                                                                                                                                                                                               |                                                                                         |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                                                            |                                                                                                                                                                                               |                                                                                         |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                               | <b>\$5.00 May Be Added to Fees</b>                                                      |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                            |                                                                                                                                                                                               |                                                                                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                  |                                                                                         |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>SULLIVAN, PAUL H<br><b>STREET ADDRESS</b><br>3444 GRAPE MYRTLE DR<br><b>CITY - ST - ZIP</b><br>HERNANDO BCH FL 34607                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Delete |                                                                                            | <b>TITLE</b><br>PD<br><b>NAME</b><br>McDermott Rich<br><b>STREET ADDRESS</b><br><del>7092 River Run Blvd</del> <i>11144 Mercedes St.</i><br><b>CITY - ST - ZIP</b><br>SPRING Hill, FLA. 34609 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>MCDERMOTT, RICH<br><b>STREET ADDRESS</b><br><del>7092 RIVER RUN BLVD</del> <i>11144 Mercedes St.</i><br><b>CITY - ST - ZIP</b><br>SPRING HILL FL 34607 <i>34609</i>                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Delete |                                                                                            | <b>TITLE</b><br>VD<br><b>NAME</b><br>John R. Mitten<br><b>STREET ADDRESS</b><br>24043 TWISTER LA<br><b>CITY - ST - ZIP</b><br>Brooksville FLA 34602                                           | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>SD<br><b>NAME</b><br>RELKO, DORIS<br><b>STREET ADDRESS</b><br>11428 DEERCRAFT CT<br><b>CITY - ST - ZIP</b><br>SPRING HILL FL 34609                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete            |                                                                                            | <b>TITLE</b><br>TD<br><b>NAME</b><br>WOOD John H<br><b>STREET ADDRESS</b><br>4127 Castle Ave<br><b>CITY - ST - ZIP</b><br>Spring Hill, FLA 34609                                              | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>BALDWIN, JANEY<br><b>STREET ADDRESS</b><br>6113 IVY HILL LANE<br><b>CITY - ST - ZIP</b><br>BROOKSVILLE FL 34602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete            |                                                                                            | <b>TITLE</b><br>D<br><b>NAME</b><br>JOHNSTON, JEFFREY<br><b>STREET ADDRESS</b><br>2162 LINWOOD AVE<br><b>CITY - ST - ZIP</b><br>SPRING HILL FL 34608                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</b> |                                            |                                                                                            |                                                                                                                                                                                               |                                                                                         |  |
| <b>SIGNATURE:</b> <i>Richard McDermott</i> <b>Richard McDermott</b> <i>Aug. 8, 06</i> <b>352-585-0895</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                            |                                                                                                                                                                                               |                                                                                         |  |