


# 2005 NOT-FOR-PROFIT CORPORATION. REINSTATEMENT

DOCUMENT # N03000006835		
1. Entity Name HERNANDO COUNTY C.E.R.T. ASSOCIATION, INC.		

FILED  
05 JUN -8 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 16127 SANDUSKY ST BROOKSVILLE, FL 34604	Mailing Address 16127 SANDUSKY ST BROOKSVILLE, FL 34604
---	---

2. Principal Place of Business 8852 High Point Blvd	3. Mailing Address 8852 High Point Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Brooksville FL	City & State Brooksville FL
Zip 34613	Zip 34613
Country HERNANDO	Country HERNANDO

05262005 REIN- NP CR2E099 (8/04)  
**REINSTATEMENT 04-05**

4. FEI Number 20-2847246		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HARRIS, DONALD L 16127 SANDUSKY ST BROOKSVILLE, FL 34604		
7. Name and Address of New Registered Agent Name: PATRICIA THEROUX Street Address (P.O. Box Number is Not Acceptable): 8852 High Point Blvd City: Brooksville FL Zip Code: 34613		

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: Patricia Theroux DATE: 6/4/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORSKI, TERENCE T 6139 DELTONA BLVD SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Patricia Theroux 8852 High Point Blvd Brooksville FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEINGART, MARK 6025 HOPE HILL RD BROOKSVILLE, FL 34601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chair CHARLES RABORN 13194 LINDEN DR. Springhill FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THEROUX, PATRICIA 8852 HIGH POINT BLVD BROOKSVILLE, FL 346135683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SCOTT AMUNDSEN 4394 CRESCENT RD Spring Hill FL 34608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200056155292 06/14/05--01051--012 **\$297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: Patricia Theroux DATE: 6/4/05 DAYTIME PHONE #: 352 5961  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR