

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010944

1. Entity Name
SPRING HILL TEACHING COMPUTER CLUB, INC.



Principal Place of Business
P O BOX 5004
SPRING HILL, FL 34611

Mailing Address
P O BOX 5004
SPRING HILL, FL 34611



01132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELWINE, EUGENE E
7206 FITZPATRICK AVE
BROOKSVILLE, FL 34613

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IN THIS SPACE**

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 *Eugene E. Elwine*
Signature typed or printed name of registered agent and title if applicable

Eugene Elwine
(NOTE: Registered Agent signature required when reinstating)

1/13/06
DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MINOR, CLARENCE
STREET ADDRESS	14191 MULKERIN
CITY-ST-ZIP	BROOKSVILLE, FL 34614
TITLE	P
NAME	ELWINE, EUGENE
STREET ADDRESS	7206 FITZPATRICK AVE
CITY-ST-ZIP	BROOKSVILLE, FL 34614
TITLE	T
NAME	GRIMES, FRANK
STREET ADDRESS	11039 HEATHWOOD AVE
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	S
NAME	PERNER, LORETTA
STREET ADDRESS	PO BOX 5884
CITY-ST-ZIP	SPRING HILL, FL 34611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80054-001 61.25

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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.

SIGNATURE: *Eugene E. Elwine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #