

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000010944

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



Principal Place of Business
3357 SUSAN DR
SPRING HILL, FL 34606

Mailing Address
7206 FITZPATRICK AVE
BROOKSVILLE, FL 34613



01082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELWINE, EUGENE E
7206 FITZPATRICK AVE
BROOKSVILLE, FL 34613

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000782150
01/15/08-00063-009 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MURPHY, WALTER
6084 KINLOCK AVE
SPRING HILL, FL 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ELWINE, EUGENE
7206 FITZPATRICK AVE
BROOKSVILLE, FL 34614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GRIMES, FRANK
11039 HEATHWOOD AVE
SPRING HILL, FL 34608

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PERNER, LORETTA
PO BOX 5884
SPRING HILL, FL 34611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #

1/9/08