

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008138

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: HERNANDO COUNTY USBC YOUTH INC.

## Current Principal Place of Business:

12348 BARROW ST  
SPRING HILL, FL 34609

## New Principal Place of Business:

## Current Mailing Address:

12348 BARROW ST  
SPRING HILL, FL 34609

## New Mailing Address:

FEI Number: 90-0276160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINNEGAR, SUSAN  
12348 BARROW ST  
SPRING HILL, FL 34609 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MAHR, ROBERT  
Address: 8262 STEWARD CT  
City-St-Zip: SPRING HILL, FL 346086850

Title: VP ( ) Delete  
Name: BULLOCK, CLINT  
Address: 2584 RUNNING OAK CT  
City-St-Zip: SPRING HILL, FL 34608

Title: DST ( ) Delete  
Name: WINNEGAR, SUSAN  
Address: 12348 BARROW ST  
City-St-Zip: SPRING HILL, FL 34609

Title: D ( ) Delete  
Name: ABELL, SUZANNE  
Address: 2413 DUSTIN CIR  
City-St-Zip: SPRING HILL, FL 34609

Title: D ( ) Delete  
Name: ERBE, JANINE  
Address: 2450 COMERWOOD DR  
City-St-Zip: SPRING HILL, FL 34609

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ABELL, SUZANNE  
Address: 2413 DUSTIN CIR  
City-St-Zip: SPRING HILL, FL 34608

Title: STD (X) Change ( ) Addition  
Name: WINNEGAR, SUSAN  
Address: 12348 BARROW ST  
City-St-Zip: SPRING HILL, FL 34609

Title: D (X) Change ( ) Addition  
Name: BULLOCK, CLINT  
Address: 2584 RUNNING OAK CT  
City-St-Zip: SPRING HILL, FL 34608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CINDY, STORMS  
Address: 7380 WEEPING WILLOW ST  
City-St-Zip: BROOKSVILLE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN WINNEGAR

STD

04/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date