2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N05000008138

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: ABELL, SUZANNE
Address: 2413 DUSTIN CIR
City-St-Zip: SPRING HILL, FL 34608

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

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

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

Title: D ( ) Delete
Name: HOUSLEY, LAVENIA
Address: 6384 AMELIA LANE
City-St-Zip: DADE CITY, FL 33523

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 04/01/2009
Electronic Signature of Signing Officer or Director — Date