

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08624** (1)

1. Corporation Name

HERNANDO SHRINE CLUB HOLDING CORPORATION

Principal Place of Business

%CURRENT OFFICER/DIR
13400 MONTOUR ST.
BROOKSVILLE FL 34613
US

Mailing Address

%CURRENT OFFICE/DIR.
13400 MONTOUR ST.
BROOKSVILLE FL 34613
US



3. Date Incorporated or Qualified
04/10/1985

3a. Date of Last Report
03/02/1995

4. FEI Number
59-2248664

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **13400 Montour St.**

26 **13400 Montour St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Brooksville, FL**

28 **Brooksville, FL**

24 Zip **34613**

25 Country **Hernando**

29 Zip **34613**

30 Country **Hernando**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSTON, JOSEPH E., JR.
29 S. BROOKSVILLE AVE.
BROOKSVILLE FL 34601**

81 Name **Johnston, Joseph E., Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
29 S. Brooksville Ave.
83
84 City **Brooksville, FL** 85 Zip Code **34601**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **SCOTT, JACK**
STREET ADDRESS **5542 NEWMARK ST.**
CITY-ST-ZIP **SPRING HILL FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Leger, Richard N.**
1.3 STREET ADDRESS **11098 Audi Brook Dr.**
1.4 CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE **VPD** ☒ DELETE
NAME **LEGER, RICHARD N.**
STREET ADDRESS **11098 AUDIE BROOK DR**
CITY-ST-ZIP **SPRING HILL FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Irizarry, Louis**
2.3 STREET ADDRESS **1230 Muscovy Dr.**
2.4 CITY-ST-ZIP **Spring Hill, FL 34608**

TITLE **VPD** ☒ DELETE
NAME **IRIZARRY, LOUIS**
STREET ADDRESS **1230 MUSCOVY DR**
CITY-ST-ZIP **SPRING HILL FL**

3.1 TITLE **VPD** ☒ Change ☐ Addition
3.2 NAME **Anglin, L. Z.**
3.3 STREET ADDRESS **17448 Tavern Rd.**
3.4 CITY-ST-ZIP **Brooksville, FL 34609**

TITLE **SD** ☒ DELETE
NAME **INFANTE, RICHARD A**
STREET ADDRESS **2077 ESCOBAR AVE**
CITY-ST-ZIP **SPRING HILL FL**

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Louis C. Poitrinal**
4.3 STREET ADDRESS **4397 4th Isle Dr.**
4.4 CITY-ST-ZIP **Spring Hill, FL 34607**

TITLE **TD** ☒ DELETE
NAME **TOWNSEND, ROBERT L**
STREET ADDRESS **15131 BRICE DR**
CITY-ST-ZIP **BROOKSVILLE FL**

5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME **Wallen, Ralph W.**
5.3 STREET ADDRESS **4749 Bayridge Ct.**
5.4 CITY-ST-ZIP **Spring Hill, FL 34606**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ralph W. Wallen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 (352) 683-7588
Date Daytime Phone #

CR2E037 (12/95)