

FLORIDA  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

**DOCUMENT # N08624 (1)**  
1. Corporation Name  
**HERNANDO SHRINE CLUB HOLDING CORPORATION**

Principal Place of Business Mailing Address  
**13400 MONTOUR ST** **13400 MONTOUR ST**  
**BROOKSVILLE FL 34613** **BROOKSVILLE FL 34613**  
**US** **US**

3. Date Incorporated or Qualified

**04/10/1985**

4. FEI Number

**59-2248664**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

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

TITLE **VD** ☒ DELETE  
NAME **MCINTURFF, HENRY**  
STREET ADDRESS **8007 FLORAL DR**  
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **VD** ☒ DELETE  
NAME **WILCOX, WILLIAM**  
STREET ADDRESS **6019 AIRMONT RD**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE **SD** ☐ DELETE  
NAME **INFANTE, RICHARD**  
STREET ADDRESS **2161 SPRING MEADOW DR**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE **TD** ☒ DELETE  
NAME **OHARA, ROBERT**  
STREET ADDRESS **14079 AMERO LA**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE **Director** ☐ DELETE  
NAME **L. Z. Anglin**  
STREET ADDRESS **17448 Tavern Rd,**  
CITY-ST-ZIP **Brooksville, FL 34609**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PR**  
1.3 STREET ADDRESS **HENRY MCINTURFF**  
1.4 CITY-ST-ZIP **8007 FLORAL DR**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VICE PRES**  
2.3 STREET ADDRESS **WILLIAM OLSON**  
2.4 CITY-ST-ZIP **6494 PINE MEADOW DR**  
**SPRING HILL FL 34606**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **SECRETARY**  
3.3 STREET ADDRESS **RICHARD T. INFANTE**  
3.4 CITY-ST-ZIP **2077 ESCOBAR AVE**  
**SPRING HILL FL 34608**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **TREASURER**  
4.3 STREET ADDRESS **RICHARD GUNDRUM**  
4.4 CITY-ST-ZIP **2161 SPRING MEADOW DR**  
**SPRING HILL FL 34606**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **Director**  
5.3 STREET ADDRESS **Robert L. Townsend 34601**  
5.4 CITY-ST-ZIP **15131 Brice Dr., Brooksville, FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **Director**  
6.3 STREET ADDRESS **Louis C. Poirinal 34607**  
6.4 CITY-ST-ZIP **4397 4th Isle Dr., Spring Hill, FL**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Richard T. Infante*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD T INFANTE SECRETARY**

Date

Daytime Phone #

**0068722**

CR2E037 (10/97)