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Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14718 (3)

1. Corporation Name

HERNANDO COUNTY PUBLIC FACILITIES FINANCE AUTHORITY, INC.

Principal Place of Business

20 NO MAIN STR
ROOM 460
BROOKSVILLE FL 34801-2804
US

Mailing Address

20 NO MAIN STR
ROOM 460
BROOKSVILLE FL 34801-2817
US3. Date Incorporated or Qualified
05/05/19863a. Date of Last Report
04/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNOW, ROBERT B
112 N ORANGE AVE
BROOKSVILLE FL 34801

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 D ☐ DELETE
NAME NOVY, PATRICIA
STREET ADDRESS 20 NO MAIN STR, RM 460
CITY - ST - ZIP BROOKSVILLE FLTITLE D ☒ DELETE
NAME RICHARDSON, JOHN
STREET ADDRESS 20 NO MAIN STR, RM 460
CITY - ST - ZIP BROOKSVILLE FLTITLE SD ☒ DELETE
NAME ESTER, JUNE
STREET ADDRESS 20 NO MAIN STR, RM 460
CITY - ST - ZIP BROOKSVILLE FLTITLE VD ☐ DELETE
NAME LOSSING, RAYMOND A
STREET ADDRESS 20 NO MAIN STR, RM 460
CITY - ST - ZIP BROOKSVILLE FLTITLE PD ☐ DELETE
NAME ROBINSON, HANNAH M
STREET ADDRESS 20 NO MAIN STR, RM 460
CITY - ST - ZIP BROOKSVILLE FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Paul H. Sullivan
2.3 STREET ADDRESS 20 No. Main Str, Room 460
2.4 CITY - ST - ZIP Brooksville, FL3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Barbara A. Mills
3.3 STREET ADDRESS 20 No. Main Str, Room 460
3.4 CITY - ST - ZIP Brooksville, FL4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)