


FILE NOW; FILING FEE IS \$61.25

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90157 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N14718</b>					
1. Corporation Name <b>HERNANDO COUNTY PUBLIC FACILITIES FINANCE AUTHORITY, INC.</b>					
Principal Place of Business 20 NO MAIN STR ROOM 460 BROOKSVILLE FL 34601-2904 US			Mailing Address 20 NO MAIN STR ROOM 460 BROOKSVILLE FL 34601-2904 US		



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		3. Date Incorporated or Qualified <b>05/05/1986</b>	
				4. FEI Number <b>NOT APPLICABLE</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>SNOW, ROBERT B 112 N ORANGE AVE BROOKSVILLE FL 34601</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NOVY, PATRICIA			1.2 NAME			
STREET ADDRESS	20 NO MAIN STR, RM 460			1.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, BARBARA A			2.2 NAME			
STREET ADDRESS	20 NO MAIN STR, RM 460			2.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOSSING, RAYMOND A			3.2 NAME			
STREET ADDRESS	20 NO MAIN STR, RM 460			3.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, HANNAH M			4.2 NAME			
STREET ADDRESS	20 NO MAIN STR, RM 460			4.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SULLIVAN, PAUL H			5.2 NAME			
STREET ADDRESS	20 N MAIN ST RM 460			5.3 STREET ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99

Date

352-754-4000

Daytime Phone #

CR2E037 (11/98)