

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **N19239 (5)**  
 1. Corporation Name  
**THE MOTHERS' CLUB OF HERNANDO COUNTY, INC.**



Principal Place of Business  
**MOTHERS CLUB OF H.C.  
 C/O MARY GAGNE  
 SPRING HILL FL 34606  
 US**

Mailing Address  
**5737 MONTFORD CIR.  
 12082 S. DAFFODIL RT.  
 SPRING HILL FL 34606  
 US**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

**5137 montford Cir  
 Spring Hill FL  
 34606  
 Hernando**

3. Date Incorporated or Qualified **02/13/1987**  
 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2799667**  
 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

9. Name and Address of Current Registered Agent  
**GAGNE, MARY  
 5137 MONTFORD CIR  
 SPRING HILL FL 34606**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 *Mary E. Gagne* **MARY GAGNE**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **7-20-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	GAGNE, MARY	1.2 NAME	TERRI MARWOOD
STREET ADDRESS	5137 MONTFORD CIR	1.3 STREET ADDRESS	2276 Hillandale Av
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	VPD	2.1 TITLE	VPD
NAME	WRIGHT, BARB	2.2 NAME	Laura Luter
STREET ADDRESS	11512 KERRIDALE AVE	2.3 STREET ADDRESS	7303 Skyview Av
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Spring Hill FL 34653
TITLE	SD	3.1 TITLE	SD
NAME	CHAMOUN, ELLIE	3.2 NAME	Sunday messing
STREET ADDRESS	5110 MENTMORE AVE.	3.3 STREET ADDRESS	13197 Jessica Dr
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	Spring Hill FL 34609
TITLE	TD	4.1 TITLE	TD
NAME	KNOER, LOIS	4.2 NAME	Mary Gagne
STREET ADDRESS	1025 CONCERT AVE.	4.3 STREET ADDRESS	5737 Montford Cir
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	Spring Hill FL 34606
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mary E. Gagne* **MARY GAGNE** 7-20-96 352-686-9971  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)