

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 5137 MONTFORD CIRCLE SPRINGHILL FL 34606-1547 US

3. Date Incorporated or Qualified: 02/13/1987
3a. Date of Last Report: 07/25/1996
4. FEI Number: 59-2799667
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 (21-24) and Mailing Address (25-29) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

10. Name and Address of New Registered Agent (30-34) fields including Name, Street Address, City, State (FL), and Zip Code (85).

9. Name and Address of Current Registered Agent (31-34) fields including Name, Street Address, City, State (FL), and Zip Code (85).

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
PD	MARWOOD, TERRI	2276 HILLANDALE AVENUE	SPRING HILL FL	<input checked="" type="checkbox"/>
VPD	LUTER, LAURA	7303 SKYVIEW AVENUE	NORTH PORT RICHEY FL	<input checked="" type="checkbox"/>
SD	MESSING, SUNDAY	13197 JESSICA DRIVE	SPRING HILL FL	<input checked="" type="checkbox"/>
TD	GAGNE, MARY	5737 MONTFORD CIRCLE	SPRING HILL FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
PD	Michelle Plummer	13380 Barlington St	Spring Hill FL 34609	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Cindy Gerard	4160 Bristol Ave	Spring Hill FL 34609	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	Cathy Pinto	8995 Bonnet way	Brooksville FL 34613	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	Ann Basso	1026 Druid Rd	Spring Hill FL 34609	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

CRZE037 (9/96)