


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19239 (5)**  
 1. Corporation Name  
**THE MOTHERS' CLUB OF HERNANDO COUNTY, INC.**



Principal Place of Business <b>MOTHERS CLUB OF H.C. C/O MARY GAGNE SPRING HILL FL 34606 US</b>	Mailing Address <b>5137 MONTFORD CIRCLE SPRINGHILL FL 34606 US</b>
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3. Date Incorporated or Qualified  
**02/13/1987**

4. FEI Number <b>59-2799667</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>Mother's Club of H.C.</b>	2a. Mailing Address 26 <b>P.O. Box 3144</b>
Suite, Apt. #, etc. 22 <b>c/o Ann Basso</b>	27
City & State 23 <b>Spring Hill, FL</b>	City & State 28 <b>Spring Hill, FL</b>
Zip 24 <b>34609</b>	Country 25 <b>U.S.A.</b>
Zip 29 <b>34606-3144</b>	Country 30 <b>USA</b>

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

**GAGNE, MARY  
5137 MONTFORD CIR  
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81 Name <b>Ann Basso</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1026 Druid Rd</b>
83
84 City <b>Spring Hill</b>
85 Zip Code <b>FL 34609</b>

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 Ann Basso - Treasurer DATE **2-20-98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>PLUMMER, MICHELLE</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>13380 BARLINGTON ST</b>	CITY-ST-ZIP <b>SPRING HILL FL</b>	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	NAME <b>GERARD, CINDY</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4160 DRISTOL AVE</b>	CITY-ST-ZIP <b>SPRING HILL FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	NAME <b>PINTO, CATHY</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8895 BONNET WAY</b>	CITY-ST-ZIP <b>BROOKVILLE FL</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	NAME <b>BASSO, ANN</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1026 DRUID RD</b>	CITY-ST-ZIP <b>SPRING HILL FL</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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.

SIGNATURE: Ann Basso DATE: **2-20-98** **362-682-7627**

CR2E037 (10/97)