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Feb 26, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19239

1. Corporation Name

THE MOTHERS' CLUB OF HERNANDO COUNTY, INC.

Principal Place of Business

MOTHER'S CLUB OF H.C.  
C/O ANN BASSO  
SPRING HILL FL 34609  
US

Mailing Address

P.O. BOX 3144  
SPRING HILL FL 34606-3144  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/13/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2799667

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASSO, ANN  
1026 DRUID RD  
SPRING HILL FL 34609

81 Name

Karen Lund

82 Street Address (P.O. Box Number is Not Acceptable)

6010 Genter Dr

83

2

84 City

Spring Hill

FL

85 Zip Code

34609

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]*

Treasurer

Karen Lund 1-15-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLUMMER, MICHELLE	
STREET ADDRESS	13380 BARLINGTON ST	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GERARD, CINDY	
STREET ADDRESS	4160 DRISTOL AVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PINTO, CATHY	
STREET ADDRESS	8995 BONNET WAY	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BASSO, ANN	
STREET ADDRESS	1026 DRUID RD	
CITY-ST-ZIP	SPRING HILL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GAIL Whiting	
1.3 STREET ADDRESS	2415 Olar Ct	
1.4 CITY-ST-ZIP	Spring Hill FL 34608	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bridget Trahan	
2.3 STREET ADDRESS	9225 PATIO CT	
2.4 CITY-ST-ZIP	Spring Hill FL 34608	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rosemary Hamilton	
3.3 STREET ADDRESS	132155 Adoleway	
3.4 CITY-ST-ZIP	Brookville FL 34614	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Karen Lund	
4.3 STREET ADDRESS	6010 Genter Dr	
4.4 CITY-ST-ZIP	Spring Hill FL 34609	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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, with all other like empowered.

SIGNATURE:

*[Signature]* Karen Lund Treasurer 1-15-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/198)