


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90311 040 ****61.25

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DOCUMENT # N19239					
1. Entity Name THE MOTHERS' CLUB OF HERNANDO COUNTY, INC.					
Principal Place of Business MOTHER'S CLUB OF H.C. SPRING HILL, FL 34609 US			Mailing Address P.O. BOX 3144 SPRING HILL, FL 34609 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2799667	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RATHKE, SANDRA 11170 CRANSTON ST. SPRING HILL, FL 34608			Name JoAnn Abaro Street Address (P.O. Box Number is Not Acceptable) 12227 FOOTHILL ST City Spring Hill FL Zip Code 34609		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>JoAnn Abaro</i>				DATE 4/23/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DENISE		NAME	Michelle Traudt	
STREET ADDRESS	8094 WYSOCKI CT.		STREET ADDRESS	13150 LINDEN DR	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	Spring Hill FL 34609	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, KATIE		NAME	SUSIE HATFIELD	
STREET ADDRESS	13019 GROVELAND ST.		STREET ADDRESS	16095 FT. MYERS ST.	
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP	Spring Hill FL 34604	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATHKE, SANDRA		NAME	JoAnn Abaro	
STREET ADDRESS	11170 CRANSTON ST.		STREET ADDRESS	12227 FOOTHILL ST	
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP	Spring Hill FL 34609	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAUDT, MICHELLE		NAME	Michelle Pecora	
STREET ADDRESS	13150 LINDEN DR.		STREET ADDRESS	8344 NATOMA ST	
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP	Spring Hill FL 34606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>JoAnn Abaro</i>				DATE 4/23/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	