2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19239

FILED Apr 30, 2007 Secretary of State

Entity Name: THE MOTHERS' CLUB OF HERNANDO COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

MOTHER'S CLUB OF H.C. SPRING HILL, FL 34609 US

Current Mailing Address: New Mailing Address:

P.O. BOX 3144

SPRING HILL, FL 34609 US

FEI Number: 59-2799667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAWFORD, JENNIFER

14089 OLETA STREET

SPRING HILL, FL 34609 US

ABARNO, JO ANN

12227 FOOTHILL STREET

SPRING HILL, FL 34609 US

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.

SIGNATURE: JO ANN ABARNO 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: P (X) Change () Addition Name: TRAUDT, MICHELLE Name: KING, CHRISTINE

 Address:
 13150 LINDEN DR
 Address:
 5186 FLORENTINE COURT

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34608

Title: P () Delete Title: T (X) Change () Addition Name: GOUCHER`````, STACIE Name: ABARNO, JO ANN

Address: 11298 LONG HILL COURT Address: 12227 FOOTHILL STREET City-St-Zip: SPRING HILL, FL 34609 City-St-Zip: SPRING HILL, FL 34609

Title: T () Delete Title: S (X) Change () Addition Name: CRAWFORD, JENNIFER Name: CARLETON, CINDY

 Name:
 CRAWFORD, JENNIFER
 Name:
 CARLETON, CINDY

 Address:
 14089 OLETA STREET
 Address:
 3251 AMBASSADOR AVE

 City-St-Zip:
 SPRING HILL, FL 34609
 City-St-Zip:
 SPRING HILL, FL 34609

Title: V () Delete Title: () Change () Addition

 Name:
 CANDY, NANCY
 Name:

 Address:
 9321 BENROCK ROAD
 Address:

 City-St-Zip:
 SPRING HILL, FL 34608
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANN ABARNO T 04/30/2007