

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19239

FILED
Feb 06, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3144
SPRING HILL, FL 34609 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CARLETON, CYNTHIA
3251 AMBASSADOR AVE
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

SOTO, ANTONELLA
396 PORTLAND AVE
SPRING HILL, FL 34606 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: ANTONELLA SOTO

02/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VITALE, JENNIFER
Address: 4411 CANDLER AVE
City-St-Zip: SPRING HILL, FL 34609

Title: T () Delete
Name: EDNEY, YIRALYNN
Address: 14317 BENS BROOK DR
City-St-Zip: SPRING HILL, FL 34609

Title: V () Delete
Name: CARLETON, CYNTHIA
Address: 3251 AMBASSADOR AVE
City-St-Zip: SPRING HILL, FL 34609

Title: S () Delete
Name: HOLMLUND, CHANTEL
Address: 13194 COOPER RD
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FOSTER, DEBBIE
Address: 11240 RAINBOW WOODS LOOP
City-St-Zip: SPRING HILL, FL 34609

Title: TRES (X) Change () Addition
Name: SOTO, ANTONELLA
Address: 396 PORTLAND AVE
City-St-Zip: SPRING HILL, FL 34606

Title: VP (X) Change () Addition
Name: GIARD, SHELLY
Address: 13189 MONTEGO STREET
City-St-Zip: SPRING HILL, FL 34609

Title: SECR (X) Change () Addition
Name: BENARD, MICHELE
Address: 11500 FINCH ROAD
City-St-Zip: WEEKI WACHEE, FL 34614

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: ANTONELLA SOTO

TRES

02/06/2009

Electronic Signature of Signing Officer or Director

Date