

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21057** (7)
1. Corporation Name
CONCERNED CITIZENS OF EAST HERNANDO COUNTY, INC.

Principal Place of Business 7045 LEXINGTON CIRCLE BROOKVILLE FL 34802 US	Mailing Address 7045 LEXINGTON CIRCLE BROOKVILLE FL 34802-7510 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1987	3a. Date of Last Report 02/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRY J. PRAVATO
7045 LEXINGTON CIRCLE
BROOKVILLE FL 34802**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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, 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY J. PRAVATO	1.2 NAME	
STREET ADDRESS	7045 LEXINGTON CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPREE, FORREST	2.2 NAME	
STREET ADDRESS	7086 LEXINGTON CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELEY, MILDRED	3.2 NAME	
STREET ADDRESS	7082 LEXINGTON CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKVILLE FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, MAZIE	4.2 NAME	
STREET ADDRESS	31204 LANCE WOOD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JOYE	5.2 NAME	
STREET ADDRESS	31232 LANCEWOOD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JEAN	6.2 NAME	
STREET ADDRESS	7058 LEXINGTON CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKVILLE FL	6.4 CITY-ST-ZIP	

14. I do 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:

Mildred Keelley
M. Keelley

CR2E037 (9/96)