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Mar 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21057 (7)

1. Corporation Name

CONCERNED CITIZENS OF EAST HERNANDO COUNTY, INC.



Principal Place of Business

Mailing Address

7045 LEXINGTON CIRCLE
BROOKVILLE FL 34802
US

7045 LEXINGTON CIRCLE
BROOKVILLE FL 34802
US

3. Date Incorporated or Qualified

06/09/1987

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 John Pearson

22 City & State

27 7173 Lexington Cr.

23 Zip

Country

28 Brooksville, FL

Zip

Country

24

25

29

34602

30

Hernando

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

John Pearson
7173 Lexington Cr.
Brooksville, FL
34602

81 Name

John Pearson

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

7173 Lexington Circle

83

84 City

Brooksville

FL

85 Zip Code

34602

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

John O. Pearson

John O. Pearson

3/6/98

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
NAME HARRY J. PRAVATO
STREET ADDRESS 7045 LEXINGTON CIRCLE
CITY-ST-ZIP BROOKVILLE FL

DELETE

TITLE VD
NAME DUPREE, FORREST
STREET ADDRESS 7088 LEXINGTON CIRCLE
CITY-ST-ZIP BROOKVILLE FL

DELETE

TITLE TD
NAME KEELEY, MILDRED
STREET ADDRESS 7082 LEXINGTON CIR.
CITY-ST-ZIP BROOKVILLE FL

DELETE

TITLE SD
NAME WALTON, MAZIE
STREET ADDRESS 31204 LANCE WOOD
CITY-ST-ZIP BROOKVILLE FL

DELETE

TITLE D
NAME GREEN JOYE
STREET ADDRESS 31232 LANCEWOOD DR.
CITY-ST-ZIP BROOKVILLE FL

DELETE

TITLE D
NAME JONES, JEAN
STREET ADDRESS 7058 LEXINGTON CIRCLE
CITY-ST-ZIP BROOKVILLE FL

DELETE

1.1 TITLE

PD John Pearson

1.2 NAME

7173 Lexington Circle

1.3 STREET ADDRESS

Brooksville FL 34602

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

CR2E037 (10/97)