

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N21057**

(7)

CONCERNED CITIZENS OF EAST HERNANDO COUNTY, INC.

Principal Place of Business

7045 LEXINGTON CIRCLE
BROOKVILLE FL 34602
US

Mailing Address

7045 LEXINGTON CIRCLE
BROOKSVILLE FL 34602
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 *John Pearson*

Suite, Apt. #, etc.

27 *7173 Lexington Cr.*

City & State

28 *Brooksville, FL.*

Zip

29 *34602*

Country

30 *Hernando*

9. Name and Address of Current Registered Agent

HARRY J. PRAVATO
7045 LEXINGTON CIRCLE
BROOKSVILLE FL 34602

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

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 Pearson*

John Pearson

3/6/98

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
NAME HARRY J. PRAVATO
STREET ADDRESS 7045 LEXINGTON CIRCLE
CITY - ST - ZIP BROOKSVILLE FL

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

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

TITLE **SD** DELETE
NAME WALTON, MAZE
STREET ADDRESS 31204 LANCE WOOD
CITY - ST - ZIP BROOKSVILLE FL

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition
1.2 NAME *John Pearson*
1.3 STREET ADDRESS *7173 Lexington Circle*
1.4 CITY - ST - ZIP *Brooksville FL 34602*

2.1 TITLE Change Addition
2.2 NAME *DUPREE, FORREST*
2.3 STREET ADDRESS *7088 Lexington Circle*
2.4 CITY - ST - ZIP *Brooksville FL 34602*

3.1 TITLE Change Addition
3.2 NAME *KEELEY, MILDRED*
3.3 STREET ADDRESS *7082 Lexington Circle*
3.4 CITY - ST - ZIP *Brooksville FL 34602*

4.1 TITLE Change Addition
4.2 NAME *WALTON, MAZE*
4.3 STREET ADDRESS *31204 Lance Wood*
4.4 CITY - ST - ZIP *Brooksville FL 34602*

5.1 TITLE Change Addition
5.2 NAME *GREEN JOYE*
5.3 STREET ADDRESS *31232 Lancewood Dr.*
5.4 CITY - ST - ZIP *Brooksville FL 34602*

6.1 TITLE Change Addition
6.2 NAME *JONES, JEAN*
6.3 STREET ADDRESS *7058 Lexington Circle*
6.4 CITY - ST - ZIP *Brooksville FL 34602*

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.

FILED
Mar 12 1998 8:00am
Secretary of State



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