

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N37737** (6)

1. Corporation Name

HERNANDO COUNTY COUNCIL FOR VETERANS AFFAIRS IN C.



Principal Place of Business

Mailing Address

**HERNANDO CO. COUNCIL
P.O. BOX 1015
BROOKSVILLE FL 34601
US**

**P.O. BOX 1015
15549 CORTEZ BLVD
BROOKSVILLE FL 34601
US**

3. Date Incorporated or Qualified
04/18/1990

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **HERNANDO Co Council**

4. FEI Number
59-2939761

Applied For
Not Applicable

22 City & State

27 **P.O. Box 1015**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip

Country

28 **BROOKSVILLE FL 34605**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip

Country

29 **34605**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAGNER, ROBERT G.
244 WASHINGTON AVE.
MASARYKTOWN FL 34609**

81 Name

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

83

84 City

FL

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

TITLE **DP** ☐ DELETE
NAME **GAGNER, ROBERT G.**
STREET ADDRESS **244 WASHINGTON AVE**
CITY-ST-ZIP **MASARYKTOWN FL**

TITLE **DS** ☐ DELETE
NAME **GRUBER, RUBY**
STREET ADDRESS **12516 BROOKSIDE ST.**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **DT** ☐ DELETE
NAME **GAGNER, NETTIE V.**
STREET ADDRESS **244 WASHINGTON AVE.**
CITY-ST-ZIP **MASARYKTOWN FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS **34609**

14 CITY-ST-ZIP
21 TITLE ☐ Change ☒ Addition
22 NAME **Ruby Gruber**
23 STREET ADDRESS **12516 Brookside St, Spring Hill**
24 CITY-ST-ZIP **34609**

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS **34609**
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Nettie V. Gagner (NETTIE V. GAGNER 3/16/96 (352) 799-1828
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)