


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90014 037 \*\*\*\*61.25

<b>DOCUMENT # N37737</b> 1. Entity Name <b>HERNANDO COUNTY COUNCIL FOR VETERANS AFFAIRS INC.</b>					
Principal Place of Business <b>HERNANDO CO. COUNCIL P.O. BOX 1015 BROOKSVILLE, FL 34601 US</b>			Mailing Address <b>HERNANDO CO. COUNCIL P.O. BOX 1015 BROOKSVILLE, FL 34601 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2939761</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GAGNER, ROBERT G. 244 WASHINGTON AVE. MASARYKTOWN, FL 34609</b>			Name <b>EDWARD M. BAKER</b> Street Address (P.O. Box Number is Not Acceptable) <b>25824 HADDON RD</b> City <b>BROOKSVILLE</b> FL Zip Code <b>34601</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Edward M. Baker</u> <b>EDWARD M. BAKER FINANCE OFFICER</b> <b>9 Feb 08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>GAGNER, ROBERT G.</b> <b>244 WASHINGTON AVE</b> <b>MASARYKTOWN, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>FINANCE OFFICER</b> <b>EDWARD M. BAKER</b> <b>25824 HADDON RD</b> <b>BROOKSVILLE FL 34601</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DS</b> <b>SIMMONS, CHARLES</b> <b>4502 O'HARA ST</b> <b>BROOKSVILLE, FL 34609</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT</b> <b>GAGNER, NETTIE V.</b> <b>244 WASHINGTON AVE.</b> <b>MASARYKTOWN, FL</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TRUSTEE</b> <b>MICHAEL G. BAKER</b> <b>15009 RIALTO AVE</b> <b>BROOKSVILLE, FL 34613</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <u>Edward M. Baker</u> <b>EDWARD M. BAKER</b> <b>9 Feb 08</b> <b>352-796-8079</b></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					