

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:03

DOCUMENT # N42198 (4)

1. Corporation Name

WEST HERNANDO FOOTBALL LEAGUE, INC.

Principal Place of Business

P.O. BOX 5885
SPRING HILL FL 34606

Mailing Address

P.O. BOX 5885
SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1991

3a. Date of Last Report

03/07/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACDOUGALL, JAMES
14154 SEGOVIA ST.
SPRING HILL 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MACDOUGALL, JAMES
STREET ADDRESS	14154 SEGOVIA ST.
CITY - ST - ZIP	SPRING HILL FL
TITLE	VPD
NAME	EVANS, CHARLES
STREET ADDRESS	6268 INDIA DR.
CITY - ST - ZIP	SPRING HILL FL
TITLE	SD
NAME	CORREA, KAREN
STREET ADDRESS	3482 AMBASSADOR AVE.
CITY - ST - ZIP	SPRING HILL FL
TITLE	TD
NAME	LABRIE, MARSHA
STREET ADDRESS	13200 CROWELL RD.
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	VD
NAME	DE BENEDETTO, AUGGIE
STREET ADDRESS	9415 BELVACCEY ST.
CITY - ST - ZIP	SPRING HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	MARC GOLAS	
2.3 STREET ADDRESS	2467 DETHAN AVE.	
2.4 CITY - ST - ZIP	SPRINGHILL, FL. 34609	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	GENA HUNT	
3.3 STREET ADDRESS	7223 TARRYTOWN DR.	
3.4 CITY - ST - ZIP	SPRING HILL FL 34606	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	RITA WIEDMER	
4.3 STREET ADDRESS	3589 DOW LN.	
4.4 CITY - ST - ZIP	SPRING HILL FL 34609	
5.1 TITLE	ATHLETIC D.	☒ Change ☐ Addition
5.2 NAME	JUL CORREA	
5.3 STREET ADDRESS	3482 AMBASSADOR AVE.	
5.4 CITY - ST - ZIP	SPRING HILL FL. 34609	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Thereof