

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

| NONPROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|---|---|---|
| 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 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | |
| g. Name and Address of Current Registered Agent MACDOUGALL, JAMES 14154 SEGOVIA ST. SPRING HILL FL 34609 | | 10. Name and Address of New Registered Agent 81 Name ROBERT C. MEDDERS 82 Street Address (P.O. Box Number is Not Acceptable) 12092 LUXEMBOURG COURT 83 84 City SPRINGHILL 85 Zip Code FL 34609 | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, of 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 <i>Robert C. Medders</i> DATE 7/21/97 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MACDOUGALL, JAMES 14154 SEGOVIA ST. SPRING HILL FL <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD ROBERT C. MEDDERS 12092 LUXEMBOURG CT SPRINGHILL, FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HAMPTON, KELLY COOPER STREET SPRING HILL FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | SD Becky Leavell 2046 Anderson Snow Rd SPRING HILL FL 34609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDCO RREA, KAREN AMBASSADOR AVE SPRING HILL FL <input checked="" type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | VD EUGENA A. HUNT 1223 TARRY TOWN DR SPRINGHILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LABRIE, MARSHA 13200 CROWELL RD BROOKSVILLE FL <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | TD ANN GOODMAN P.O. BOX 5885 SPRINGHILL, FL 34606 N/A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JOE CORREA 3482 AMBASSADOR AVE SPRING HILL FL <input checked="" type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | VD Clark Simmons P.O. BOX 5885 SPRING HILL FL 34606 N/A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1991
3a. Date of Last Report
04/05/1996

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**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

14. I do 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.

SIGNATURE: *Robert C. Medders* SIGNATURE REQUIRED: *Robert C. Medders* DATE: **7/21/97** 352-688-4161

CR2E037 (4/97)