


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N42198** (4)
1. Corporation Name
WEST HERNANDO FOOTBALL LEAGUE, INC.



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|--|--|
| Principal Place of Business P.O. BOX 5885 SPRING HILL FL 34806 | Mailing Address P.O. BOX 5885 SPRING HILL FL 34806 |
|--|--|

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|---|
| 3. Date Incorporated or Qualified 02/19/1991 |
| 4. FEI Number NOT APPLICABLE |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**MEDDERS, ROBERT C
12092 LUXEMBOURG COURT
SPRING HILL FL 34809**

| | |
|--|-----------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name EUGENA HUNT | 85 Zip Code 34806 |
| 82 Street Address (P.O. Box Number is Not Acceptable) 7223 TARRYTOWN DRIVE | |
| 83 | |
| 84 City SPRINGHILL | 85 State FL |

11. Pursuant to the provisions of Sections 617.0503 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, to 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 *Robert C Medders* *Eugena Hunt* **4/27/98**
(NOTE: Registered Agent's signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PD VD MEDDERS, ROBERT C |
| STREET ADDRESS | 12092 LUXEMBOURG CT |
| CITY-ST-ZIP | SPRING HILL FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | SP VD LEAVELL, BECKY |
| STREET ADDRESS | 2045 ANDERSON SNOW RD |
| CITY-ST-ZIP | SPRING HILL FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | PD HUNT, EUGENA A |
| STREET ADDRESS | 7223 TARRYTOWN DR |
| CITY-ST-ZIP | SPRING HILL FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | TD GOODMAN, ANN |
| STREET ADDRESS | PO BOX 5885 N/A |
| CITY-ST-ZIP | SPRINGHILL FL |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | VD SIMMONS, CLARK |
| STREET ADDRESS | PO BOX 5885 N/A |
| CITY-ST-ZIP | SPRING HILL FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | PD HUNT, EUGENA A |
| 1.3 STREET ADDRESS | 7223 TERRY TOWN DR |
| 1.4 CITY-ST-ZIP | SPRINGHILL FL 24606 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VD Medders, Robert C. |
| 2.3 STREET ADDRESS | 12092 Luxembourg Ct. |
| 2.4 CITY-ST-ZIP | Springhill, FL 34608 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TD Sim, Monica |
| 3.3 STREET ADDRESS | 1380 Waterfall Dr. |
| 3.4 CITY-ST-ZIP | Springhill FL 34608 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | VD Leavell, Becky |
| 4.3 STREET ADDRESS | 2045 Anderson Snow Rd. |
| 4.4 CITY-ST-ZIP | Springhill, FL 34601 |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | SD Bennet, Sharon |
| 5.3 STREET ADDRESS | PO. Box 5885 N/A |
| 5.4 CITY-ST-ZIP | Springhill FL 34608 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *Eugena Hunt* **4/27/98**

CR2E037 (10/97)