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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42198

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/19/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 25		29 30			

9. Name and Address of Current Registered Agent

MEDDERS, ROBERT C
12092 LUXEMBOURG COURT
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name	MICHAEL J. BENNETT
82 Street Address (P.O. Box Number is Not Acceptable)	11525 SHEFFIELD RD
83	
84 City	SPRINGHILL FL 85 Zip Code 34608

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 Michael J. Bennett MICHAEL J. BENNETT PD 3-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDDERS, ROBERT C	1.2 NAME	MICHAEL J. BENNETT
STREET ADDRESS	12092 LUXEMBOURG CT	1.3 STREET ADDRESS	11525 SHEFFIELD RD.
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	SPRINGHILL FL-34608
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEAVELL, BECKY	2.2 NAME	DIANE ARIZTA
STREET ADDRESS	2045 ANDERSON SNOW RD	2.3 STREET ADDRESS	8431 DUNNELLON RD.
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	BROOKSVILLE FL-34613
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, EUGENA A	3.2 NAME	JOHN WILLIAMS
STREET ADDRESS	7223 TARRYTOWN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	C <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVELL, B	4.2 NAME	EUGENA A. HUNT
STREET ADDRESS	2045 ANDERSON SNOW RD	4.3 STREET ADDRESS	7223 TARRYTOWN DR.
CITY-ST-ZIP	SPRINGHILL FL 34601	4.4 CITY-ST-ZIP	SPRINGHILL FL-34609
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, S	5.2 NAME	SHARON L. BENNETT
STREET ADDRESS	POB 8385	5.3 STREET ADDRESS	11525 SHEFFIELD RD
CITY-ST-ZIP	SPRINGHILL FL 34608	5.4 CITY-ST-ZIP	SPRINGHILL FL-34608
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JOHN WILLIAMS
STREET ADDRESS		6.3 STREET ADDRESS	18531 US 41
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SPRINGHILL FL-34610

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, with all other like empowered.

SIGNATURE: Michael J. Bennett MICHAEL J. BENNETT PD 3-17-99 352-683-3279
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)