

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90013 023 ****70.00

DOCUMENT # N42198

1. Entity 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

15000000



2. Principal Place of Business

P.O. Box 5885
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5885
Suite, Apt. #, etc.

04052004 Chg-NP CR2E037 (10/03)

City & State

Springhill, Florida
Zip
34611

Country

U.S.

City & State

Springhill, Florida
Zip
34611

Country

U.S.

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCFARLAND, ROBERT
7401 LARBERT CT
BROOKSVILLE, FL 34613

7. Name and Address of New Registered Agent

Name **Robert McFarland**
Street Address (P.O. Box Number is Not Acceptable)
7401 Larbert Ct.
Brooksville FL
City **Brooksville** State **FL** Zip Code **34613**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCFARLAND, ROBERT**
STREET ADDRESS **7401 LARBERT CT.**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE **D** ☐ Delete
NAME **MCFARLAND, ROBERT**
STREET ADDRESS **7401 LARBERT ST.**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE **D** ☐ Delete
NAME **LEAVELL, BECKY**
STREET ADDRESS **2045 ANDERSON SNOW**
CITY-ST-ZIP **BROOKSVILLE, FL 34609**

TITLE **D** ☐ Delete
NAME **HANSEN, BOBBIE**
STREET ADDRESS **7438 ARLINGTON WAY**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE **D** ☐ Delete
NAME **HALF HILL, LINDA**
STREET ADDRESS **7438 ABINGTON WAY**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE **D** ☐ Delete
NAME **KARL, MARIA**
STREET ADDRESS **1518 PARKER AVE.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Robert McFarland, Robert**
STREET ADDRESS **7401 Larbert Ct.**
CITY-ST-ZIP **Brooksville, FL 34613**

TITLE **Director** ☐ Change ☒ Addition
NAME **McFarland, Debra**
STREET ADDRESS **7401 Larbert St.**
CITY-ST-ZIP **Brooksville, FL 34613**

TITLE **Director** ☐ Change ☒ Addition
NAME **Weaver, Lauren**
STREET ADDRESS **12470 Arslan Ave.**
CITY-ST-ZIP **Springhill, FL 34609**

TITLE **Director** ☐ Change ☒ Addition
NAME **Hansen Bobbie**
STREET ADDRESS **7438 Abington Way**
CITY-ST-ZIP **Brooksville, FL 34613**

TITLE **Director** ☐ Change ☒ Addition
NAME **McDowell, Charlene**
STREET ADDRESS **7151 Maple Dr.**
CITY-ST-ZIP **Weeki Wachee, FL 34607**

TITLE **Director** ☐ Change ☒ Addition
NAME **Butterbaugh, Leslie**
STREET ADDRESS **1055 Copperfield Rd**
CITY-ST-ZIP **Brooksville, FL 34606**

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04

Date

Daytime Phone #

352-596-3600