

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N48308 (3)

1. Corporation Name

HERNANDO COUNTY BROTHERHOOD/SISTERHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

419 E CALL ST
TALLAHASSEE FL 32301
US

PO BOX 6275
SPRING HILL FL 34606-0908
US



3. Date Incorporated or Qualified
04/10/1992

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-3130676

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWELL, WILLIAM D.
6379 ALDERWOOD STREET
SPRING HILL FL 34606

81 Name

WALTER L. DRY

82 Street Address (P.O. Box Number is Not Acceptable)

3418 KNOTTY OAKS CIRCLE

83

84 City

SPRING HILL

FL

85 Zip Code

34606

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

Walter L. Dry

2/3/96

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	P	DELETE
NAME	NEWELL, WILLIAM D.	
STREET ADDRESS	6379 ALDERWOOD ST	
CITY - ST - ZIP	SPRING HILL FL	
TITLE	V	DELETE
NAME	OLDEN, LOIS	
STREET ADDRESS	15008 BROOKRIDGE BLVD	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	S	DELETE
NAME	NEWELL, CAROL M.	
STREET ADDRESS	6379 ALDERWOOD ST.	
CITY - ST - ZIP	SPRING HILL FL	
TITLE	T	DELETE
NAME	PARENT, DEBORAH	
STREET ADDRESS	6391 EVARO AVE	
CITY - ST - ZIP	SPRING HILL FL 34608	
TITLE	D	DELETE
NAME	KACANEK, FAYE	
STREET ADDRESS	9124 BLACKSTONE STR	
CITY - ST - ZIP	SPRING HILL FL 34608	
TITLE	D	DELETE
NAME	BAFFA, MARLYN	
STREET ADDRESS	9787 SCEPTER AVE	
CITY - ST - ZIP	BROOKVILLE FL 34613	

1.1 TITLE	P	Change	Addition
1.2 NAME	WALTER L. DRY		
1.3 STREET ADDRESS	3418 KNOTTY OAKS CIRCLE		
1.4 CITY - ST - ZIP	SPRING HILL FLORIDA 34606		
2.1 TITLE	V	Change	Addition
2.2 NAME	DOROTHY COSCIA		
2.3 STREET ADDRESS	1263 GATEWOOD AVE		
2.4 CITY - ST - ZIP	SPRING HILL FLORIDA 34608		
3.1 TITLE	S	Change	Addition
3.2 NAME	TERI WALKER		
3.3 STREET ADDRESS	9108 SPRING HILL DRIVE		
3.4 CITY - ST - ZIP	SPRING HILL FLORIDA 34608		
4.1 TITLE	D	Change	Addition
4.2 NAME	ISRAEL KACANEK		
4.3 STREET ADDRESS	9124 BLACKSTONE STREET		
4.4 CITY - ST - ZIP	SPRING HILL, FL 34608		
5.1 TITLE	D	Change	Addition
5.2 NAME	William Newell		
5.3 STREET ADDRESS	6379 Alderwood Street		
5.4 CITY - ST - ZIP	SPRING HILL FL 34606		
6.1 TITLE	D	Change	Addition
6.2 NAME	LIZAN ALLEYNE		
6.3 STREET ADDRESS	3047 STEPHANIE AVENUE		
6.4 CITY - ST - ZIP	SPRING HILL FL 34608		

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)(k), 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: Walter L. Dry

2/3/96

904-686-1140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)