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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48308 (3)

1. Corporation Name

HERNANDO COUNTY BROTHERHOOD/SISTERHOOD ASSOCIATI
ON, INC.

Principal Place of Business

Mailing Address

419 E CALL ST
TALLAHASSEE FL 32301
USPO BOX 6275
SPRING HILL FL 34611-0908
US3. Date Incorporated or Qualified
04/10/19923a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRY, WALTER L
3418 KNOTTY OAKS CIRCLE
SPRING HILL FL 34608

81 Name DEBORAH PARENT

82 Street Address (P.O. Box Number is Not Acceptable)
6391 EVARD AVE

83

84 City SPRING HILL 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 Deborah Parent

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

(NOTE: Registered Agent signature required when reinstating)

1/22/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME DRY, WALTER L
STREET ADDRESS 3418 KNOTTY OAKS CIRCLE
CITY - ST - ZIP SPRING HILL FL1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME COSCIA, DOROTHY
1.3 STREET ADDRESS 1263 GATEWOOD AVE
1.4 CITY - ST - ZIP SPRING HILL, FL 34608TITLE V ☒ DELETE
NAME COSCIA, DOROTHY
STREET ADDRESS 1263 GATEWOOD AVENUE
CITY - ST - ZIP SPRING HILL FL2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME NICHOLAS MORANA
2.3 STREET ADDRESS 4257 DRUMMOND DR
2.4 CITY - ST - ZIP SPRING HILL, FL 34608TITLE S ☒ DELETE
NAME WALKER, TERI
STREET ADDRESS 9108 SPRING HILL DRIVE
CITY - ST - ZIP SPRING HILL FL3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME WESCOTT, LAUREN
3.3 STREET ADDRESS 2245 AING RD
3.4 CITY - ST - ZIP SPRING HILL, FL 34609TITLE T ☐ DELETE
NAME PARENT, DEBORAH
STREET ADDRESS 6391 EVARD AVE
CITY - ST - ZIP SPRING HILL FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME KACANEK, FAYE
STREET ADDRESS 9124 BLACKSTONE STR
CITY - ST - ZIP SPRING HILL FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME BAFFA, MARLYN
STREET ADDRESS 9787 SCEPTER AVE
CITY - ST - ZIP BROOKVILLE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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: Deborah Parent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97 352-596-5001

Date Day-Time Phone # Address

CR2E037 (9/96)