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FILED
Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48308** (3)
1. Corporation Name
HERNANDO COUNTY BROTHERHOOD/SISTERHOOD ASSOCIATION, INC.

Principal Place of Business 419 E CALL ST TALLAHASSEE FL 32301 US	Mailing Address PO BOX 6275 SPRING HILL FL 34606-0908 US
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3. Date Incorporated or Qualified 04/10/1992	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3130676	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired <input 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
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9. Name and Address of Current Registered Agent

**PARENT, DEBORAH
6391 EVARO AVE
SPRING HILL FL 34608**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORANA, NICHOLAS	1.2 NAME	
STREET ADDRESS	4257 DRUMMOND DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSCIA, DOROTHY	2.2 NAME	
STREET ADDRESS	1263 GATEWOOD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTCOTT, LAUREN	3.2 NAME	LUCY WASHINGTON
STREET ADDRESS	2245 RING RD	3.3 STREET ADDRESS	164 OAK LAKE DR
CITY-ST-ZIP	SPRINGS HILL FL	3.4 CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, DEBORAH	4.2 NAME	
STREET ADDRESS	6391 EVARO AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KACANEK, FAYE	5.2 NAME	
STREET ADDRESS	9124 BLACKSTONE STR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAFFA, MARLYN	6.2 NAME	KACANEK, ISRAEL
STREET ADDRESS	9787 SCEPTER AVE	6.3 STREET ADDRESS	9124 BLACKSTONE ST
CITY-ST-ZIP	BROOKVILLE FL	6.4 CITY-ST-ZIP	SPRING HILL, FL 34608

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: *Deborah Parent* **DEBORAH PARENT** 1/6/98 352-596-5001

CR2E037 (10/97)