FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003676 (4)**

1. Corporation Name

HERNANDO COUNTY CHAPTER OF NATIONAL ORGANIZATION ON DISABILITY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4169 LAMSON AVE SUITE 100 SPRING HILL FL 34609	4169 LAMSON AVE SUITE 100 SPRING HILL FL 34609

3. Date Incorporated or Qualified: **08/11/1993**
3a. Date of Last Report: **06/07/1994**
4. FEI Number: **59-3205909** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEMONS, E'STEPHENIA T
4169 LAMSON AVE
SUITE 100
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	V	☐ Change ☑ Addition
NAME	LEMONS, E' STEPHENIA T	1.2 NAME		
STREET ADDRESS	6232 CARTWRITE RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL 34609	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	D/P	☑ Change ☐ Addition
NAME	BARRY, MARK	2.2 NAME	DONALD BARRADAS	
STREET ADDRESS	5283 NEFF LAKE RD.	2.3 STREET ADDRESS	31265 LANCEWOOD DR.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	2.4 CITY-ST-ZIP	RIDGE MANOR W, BROOKSVILLE FL. 34602	
TITLE	V	3.1 TITLE	D/V	☑ Change ☐ Addition
NAME	MCDOWELL, FRANK 111	3.2 NAME	LEMONS, E'STEPHENIA T.	
STREET ADDRESS	20 N. MAIN ST. ROOM 161	3.3 STREET ADDRESS	6232 CARTWRITE Rd.	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34609	
TITLE	S	4.1 TITLE	D/S	☑ Change ☐ Addition
NAME	DITTMAN, COLLEEN	4.2 NAME	BRYAN VIRGINIA	
STREET ADDRESS	9227 NIGHTINGALE RD.	4.3 STREET ADDRESS	5051 LYDIA COURT	
CITY-ST-ZIP	BROOKSVILLE FL	4.4 CITY-ST-ZIP	SPRING HILL, FL. 34606	
TITLE	T	5.1 TITLE	D/T	☑ Change ☐ Addition
NAME	MCDOWELL, FRANK 111	5.2 NAME	BARRY MARK	
STREET ADDRESS	20 N. MAIN ST. ROOM 161	5.3 STREET ADDRESS	5283 NEFF LAKE Rd.	
CITY-ST-ZIP	BROOKSVILLE FL 34601	5.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: E'Stephenia T. Lemons — 4/13/95 — 904-686-2500
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
E'STEPHENIA T. LEMONS

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