

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 # N93000003676 (4)

1. Corporation Name

HERNANDO COUNTY CHAPTER OF NATIONAL ORGANIZATION
ON DISABILITY, INC.

Principal Place of Business

4169 LAMSON AVE
SUITE 100
SPRING HILL FL 34608

Mailing Address

4169 LAMSON AVE
SUITE 100
SPRING HILL FL 34608



3. Date Incorporated or Qualified
08/11/1993

3a. Date of Last Report
04/20/1995

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

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 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

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

(NOTE: Registered Agent's signature is not required when reappointing)

3/28/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V LEMONS, E' STEPHENIA T
6232 CARTWRIGHT RD.
BROOKSVILLE FL

☐ DELETE

DP BARRADAS, DONALD
31255 LANCEWOOD DR., RIDGE MANOR
W. BROOKSVILLE FL

☒ DELETE

DV LEMONS, E'STEPHENIA T.
6232 CARTWRIGHT RD
BROOKSVILLE FL

☒ DELETE

DS BRYAN, VIRGINIA
5051 LYDIA COURT
SPRING HILL FL

☒ DELETE

DT BARRY, MARK
5283 NEFF LAKE RD
BROOKSVILLE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME ☒ Change ☐ Addition

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME ☒ Change ☐ Addition

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME ☐ Change ☒ Addition

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME ☐ Change ☒ Addition

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS 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)(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: Thomas Scaffidi THOMAS SCAFFIDI

3/28/96 352 596-7357

CR2E037 (12/95)