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

FILED
97 JUL -2 AM 7:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003676 (4)

1. Corporation Name

HERNANDO COUNTY CHAPTER OF NATIONAL ORGANIZATION ON DISABILITY, INC.

6232 CARTWRITE Rd
BROOKSVILLE
FL 34609

6232 CARTWRITE Rd
BROOKSVILLE,
FL
34609

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 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: 08/11/1993
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-3205909
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. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

LEMONS, E'STEPHENIA T
6232 CARTWRITE Rd.
BROOKSVILLE, FL.
34609

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 617.1506, 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 3 28 96
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	V	☐ DELETE	11 TITLE ☐ Change ☐ Add
NAME	LEMONS, E' STEPHENIA T		12 NAME 700000223060T---3
STREET ADDRESS	6232 CARTWRITE RD.		13 STREET ADDRESS --07/03/97--01127--009
CITY-ST-ZIP	BROOKSVILLE FL		14 CITY-ST-ZIP *****61.25 *****61.25
TITLE	DP	☒ DELETE	21 TITLE DP ☒ Change ☐ Add
NAME	BARRADAS, DONALD		22 NAME LEMONS E'STEPHENIA T.
STREET ADDRESS	31255 LANCEWOOD DR., RIDGE MANOR		23 STREET ADDRESS 6232 CARTWRITE RD
CITY-ST-ZIP	W. BROOKSVILLE FL		24 CITY-ST-ZIP BROOKSVILLE FL
TITLE	DV	☒ DELETE	31 TITLE DV ☒ Change ☐ Add
NAME	LEMONS, E'STEPHENIA T.		32 NAME BARRADAS DONALD
STREET ADDRESS	6232 CARTWRITE RD		33 STREET ADDRESS 31255 LANCEWOOD DR RIDGE MANOR
CITY-ST-ZIP	BROOKSVILLE FL		34 CITY-ST-ZIP W. BROOKSVILLE FL
TITLE	DS	☒ DELETE	41 TITLE DS CHANGE
NAME	BRYAN, VIRGINIA		42 NAME BRYAN VIRGINIA
STREET ADDRESS	5051 LYDIA COURT		43 STREET ADDRESS 5051 LYDIA COURT
CITY-ST-ZIP	SPRING HILL FL		44 CITY-ST-ZIP SPRING HILL FL
TITLE	DT	☒ DELETE	51 TITLE DT ☐ Change ☒ Add
NAME	BARRY, MARK		52 NAME SCAFFIDI THOMAS
STREET ADDRESS	5283 NEFF LAKE RD		53 STREET ADDRESS 6531 LANDOVER BLVD
CITY-ST-ZIP	BROOKSVILLE FL		54 CITY-ST-ZIP SPRING HILL FL 34608
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Add
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

AA 7.2.97

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 3/28/96 352 596-735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H.C.C.N.O.D. INC.

THE HERNANDO COUNTY CHAPTER of the NATIONAL ORGANIZATION on DISABILITY

6232 Cartwrite Rd. Brooksville FL 34609

Attention: Shawn Logan
Department of Corporations
PO Box 6327
Tallahassee FL 32314

June 23, 1997

RE: Renewal

Dear Mr. Logan,

Per our phone conversation on June 23,1997, it was decided that our corporation renewal was sent to you and somehow lost in Tallahassee. You instructed me to use last years copy of our renewal and make any changes necessary.

Enclosed is a copy of last years renewal and also a revised copy for this year as you instructed. Am also including a copy of the green card that I received showing that you did receive my certified letter with our renewal application. I am also enclosing a check for $ 61.25 to cover lost check.

If you need to reach me for any reason you can call me at 352-799-1035.

Yours Truly, E'Stephenia T. Lemons

E'Stephenia T. Lemons -- Executive Director