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Apr 02 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 # **N93000003676 (4)**

1. Corporation Name

**HERNANDO COUNTY CHAPTER OF NATIONAL ORGANIZATION
ON DISABILITY, INC.**

Principal Place of Business

**6232 CARTWRITE ROAD
BROOKSVILLE FL 34609**

Mailing Address

**6232 CARTWRITE ROAD
BROOKSVILLE FL 34609**

3. Date Incorporated or Qualified

08/11/1993

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEMONS, E'STEPHENIA T
6232 CARTWRITE ROAD
BROOKSVILLE FL 34609**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	LEMONS, E' STEPHENIA T	
STREET ADDRESS	6232 CARTWRITE RD.	
CITY - ST - ZIP	BROOKSVILLE FL	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEMONS, E'STEPHENIA T.	
STREET ADDRESS	6232 CARTWRITE RD	
CITY - ST - ZIP	BROOKSVILLE FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARRADAS, DONALD	
STREET ADDRESS	31255 LANCEWOOD DR RIDGE MANOR	
CITY - ST - ZIP	W BROOKSVILLE FL	

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, VIRGINIA	
STREET ADDRESS	5051 LYDIA COURT	
CITY - ST - ZIP	SPRING HILL FL	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SCAFFIDI, THOMAS	
STREET ADDRESS	6536 LANDOVER BLVD	
CITY - ST - ZIP	SPRING HILL FL 34608	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HELENE COUTU
4.3 STREET ADDRESS	10067 CARA ST.
4.4 CITY - ST - ZIP	SPRING HILL FL 34608

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	E'STEPHENIA T. LEMONS
5.3 STREET ADDRESS	6232 CARTWRITE RD.
5.4 CITY - ST - ZIP	BROOKSVILLE FL 34609

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: **E'STEPHENIA T. LEMONS** *E'Stephenia T. Lemons*

3/27/98

352-799-1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088603

CR2E037 (10/97)