

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90061 018 ****61.25

DOCUMENT # N93000003676

1. Corporation Name

HERNANDO COUNTY CHAPTER OF NATIONAL ORGANIZATION
ON DISABILITY, INC.

2 7 5 4 6 - 9 0 0 6 1 - 1 8 6 *

Principal Place of Business

6232 CARTWRITE ROAD
BROOKSVILLE FL 34609

Mailing Address

6232 CARTWRITE ROAD
BROOKSVILLE FL 34609



2. Principal Place of Business

21 1085 MARLOW AVE

Suite, Apt. #, etc.

22

City & State

23 SPRING HILL, FL 34606

Zip

24 34606

Country

25 U.S.A.

2a. Mailing Address

26 1085 MARLOW AVE

Suite, Apt. #, etc.

27

City & State

28 SPRING HILL, FL 34606

Zip

29 34606

Country

30 U.S.A.

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

9. Name and Address of Current Registered Agent

LEMONS, E'STEPHENIA T
6232 CARTWRITE ROAD
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 617.1508, 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 ☐ DELETE

NAME LEMONS, E' STEPHENIA T
STREET ADDRESS 6232 CARTWRITE RD.
CITY-ST-ZIP BROOKSVILLE FL

TITLE DP ☐ DELETE

NAME LEMONS, E'STEPHENIA T.
STREET ADDRESS 6232 CARTWRITE RD
CITY-ST-ZIP BROOKSVILLE FL

TITLE DV ☐ DELETE

NAME BARRADAS, DONALD
STREET ADDRESS 31255 LANCEWOOD DR RIDGE MANOR
CITY-ST-ZIP W BROOKSVILLE FL

TITLE DS ☐ DELETE

NAME COUTU, HELENE
STREET ADDRESS 10067 CARA ST
CITY-ST-ZIP SPRING HILL FL 34608

TITLE DT ☐ DELETE

NAME LEMONS, E'STEPHENIA T
STREET ADDRESS 6232 CARTWRITE RD
CITY-ST-ZIP BROOKSVILLE FL 34609

TITLE D ☐ DELETE

NAME BENDER, C. NATHAN
STREET ADDRESS 1085 MARLOW AVE
CITY-ST-ZIP SPRING HILL, FL 34606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

E'STEPHENIA T. LEMONS 3/25/99 352-684-0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)