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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:48

DOCUMENT # N93000004528 (6)

1. Corporation Name
HERNANDO UNDERTAKES GROWING STRUGGLE WITH AIDS, INC.

Principal Place of Business	Mailing Address
356 LISSON GROVE LN SPRING HILL FL 34609	356 LISSON GROVE LN SPRING HILL FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-3205889 ☐ 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 3377 Oakridge Drive	26
22 Suite, Apt. #, etc. 3377 Oakridge Drive	27 Suite, Apt. #, etc. Post Office Box 6391
23 City & State Spring Hill, Fl.	28 City & State Spring Hill, Fl.
24 Zip 34606 25 Country Hernando	29 Zip 34606 30 Country Hernando

9. Name and Address of Current Registered Agent

LAMPART, ALICE
356 LISSON GROVE LN
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

31 Name: Linda Williams
32 Street Address (P.O. Box Number is Not Acceptable)
33: 3377 Oakridge Drive
34 City: Spring Hill FL 35 Zip Code: 34606

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: Linda Williams — Linda Williams — DATE: 2/1/95
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	P	1.1 TITLE	D ☒ Change ☐ Addition
NAME	LAMBERT, ALICE	1.2 NAME	Maxson, Otis
STREET ADDRESS	356 LISSON GROVE LN	1.3 STREET ADDRESS	4028 Thunderbird Ave.
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Spring Hill, Fl. 34606
TITLE	V	2.1 TITLE	D ☐ Change ☒ Addition
NAME	MAXSON, OTIS	2.2 NAME	Williams, Linda
STREET ADDRESS	4028 THUNDERBIRD AVE	2.3 STREET ADDRESS	3377 Oakridge Drive
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Spring Hill, Fl. 34606
TITLE	S	3.1 TITLE	D ☒ Change ☐ Addition
NAME	OSBORNE, KATHLEEN M	3.2 NAME	Alvan, Mary
STREET ADDRESS	468 WATERFALL DR	3.3 STREET ADDRESS	11055 Woodland Waters Blvd.
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	Brooksville, Fl. 34613
TITLE	T	4.1 TITLE	D ☐ Change ☒ Addition
NAME	ALVAN, MARY	4.2 NAME	Hill, Elizabeth
STREET ADDRESS	11055 WOODLAND WATERS BLVD	4.3 STREET ADDRESS	12380 Straight St.
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	Brooksville, Fl. 34614
TITLE		5.1 TITLE	D ☐ Change ☒ Addition
NAME		5.2 NAME	Alvan, George
STREET ADDRESS		5.3 STREET ADDRESS	11055 Woodland Waters Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Brooksville, Fl. 34613
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: Linda Williams — 2/1/95 — 904-685-9438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Linda Williams

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