

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 # N93000004528 (6)

1. Corporation Name

**HERNANDO UNDERTAKES GROWING STRUGGLE WITH AIDS,
INC.**



Principal Place of Business

3377 OAKRIDGE DR
SPRING HILL FL 34606
US

Mailing Address

356 LISSON GROVE LN
P O BOX 6391
SPRING HILL FL 34606
US

3. Date Incorporated or Qualified
09/30/1993

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, LINDA
3377 OAKRIDGE DRIVE
SPRING HILL FL 34606

81 Name **Leslie C. Boardman**
82 Street Address (P.O. Box Number is Not Acceptable)
1329 Pilgrim Rd
83
84 City **Spring Hill** FL 85 Zip Code **34606**

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

Leslie C. Boardman, Treas.

4/27/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D**
MAXSON, OTIS
STREET ADDRESS **4028 THUNDERBIRD AVE**
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☒ DELETE

NAME **V**
MAXSON, OTIS
STREET ADDRESS **4028 THUNDERBIRD AVE**
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☒ DELETE

NAME **D**
ALVAN, MARY
STREET ADDRESS **11055 WOODLAND WATERS BLVD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☒ DELETE

NAME **T**
ALVAN, MARY
STREET ADDRESS **11055 WOODLAND WATERS BLVD**
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☒ DELETE

NAME **D**
ALVAN, GEORGE
STREET ADDRESS **11055 WOODLAND WATERS BLVD**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☒ DELETE

NAME **D**
WILLIAMS, LINDA
STREET ADDRESS **11055 WOODLAND WATERS BLVD**
CITY-ST-ZIP **BROOKSVILLE FL**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D/P**
Otis Maxson
1.3 STREET ADDRESS **4028 Thunderbird Ave**
1.4 CITY-ST-ZIP **Spring Hill, FL 34606**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **D/V**
Chuck Hill
2.3 STREET ADDRESS **14345 Missouri Skylark Rd**
2.4 CITY-ST-ZIP **Brooksville, FL 34614**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **D/S**
Hiedi Powers
3.3 STREET ADDRESS **3022 Eunice Ave.**
3.4 CITY-ST-ZIP **Spring Hill, FL 34609**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **D/T**
Leslie Boardman
4.3 STREET ADDRESS **1329 Pilgrim Rd.**
4.4 CITY-ST-ZIP **Spring Hill, FL 34606**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS **400001874924**
5.4 CITY-ST-ZIP **-06/25/96--01079--038**
*****61.25**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie C. Boardman, Treas

Date

Daytime Phone #

692-2676

CR2E037 (12/95)