

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 34611-0910  
US3. Date Incorporated or Qualified  
09/30/19933a. Date of Last Report  
06/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number  
59-3205889Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOARDMAN, LESLIE C  
1329 PILGRIM RD.  
SPRING HILL FL 34606

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 DP ☐ DELETE  
NAME MAXSON, OTIS  
STREET ADDRESS 4028 THUNDERBIRD AVE  
CITY-ST-ZIP SPRING HILL FL 34606TITLE DV ☒ DELETE  
NAME HILL, CHUCK  
STREET ADDRESS 14345 MISSOURI SKYLARK RD.  
CITY-ST-ZIP BROOKSVILLE FL 34614TITLE DS ☒ DELETE  
NAME POWERS, HEIDI  
STREET ADDRESS 3022 EUNICE AVE.  
CITY-ST-ZIP SPRING HILL FL 34609TITLE D ☒ DELETE  
NAME WILLIAMS, LINDA  
STREET ADDRESS 11055 WOODLAND WATERS BLVD  
CITY-ST-ZIP BROOKSVILLE FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE DP ☐ Change ☒ Addition  
2.2 NAME Boardman, Leslie C.  
2.3 STREET ADDRESS 1329 Pilgrim Rd.  
2.4 CITY-ST-ZIP Spring Hill, FL 346063.1 TITLE DS ☐ Change ☒ Addition  
3.2 NAME Elizabeth Hill  
3.3 STREET ADDRESS 12981 Sunshine Grove Rd.  
3.4 CITY-ST-ZIP Brooksville, FL 346014.1 TITLE DT ☐ Change ☒ Addition  
4.2 NAME Gerald A. Fisher  
4.3 STREET ADDRESS 8204 Eleanor St.  
4.4 CITY-ST-ZIP Spring Hill, FL 346065.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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 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:

Signature and Typed or Printed Name of Signing Officer or Director  
Gerald A. Fisher

4/16/97

(352) 597-9279

CR2E037 (9/96)