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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005323

1. Corporation Name

HERNANDO HIGH SCHOOL PERFORMING ARTS CENTER GUILD, INC.

Principal Place of Business

200 NORTH AVENUE
BROOKSVILLE FL 34601

Mailing Address

P O BOX 1027
BROOKSVILLE FL 34605-1027
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/23/1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	NOT APPLICABLE
24 Country	29 Country	Applied For
	30 Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEWIS, BEVERLY
1080 PONCE DE LEON BLVD
BROOKSVILLE FL 34601

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSSELL, JANE	1.2 NAME	RODERICK, MARSHA
STREET ADDRESS	1221 CANDLELIGHT BLVD	1.3 STREET ADDRESS	30449 WILLOWBANK AVE.
CITY-ST-ZIP	BROOKSVILLE FL 34601	1.4 CITY-ST-ZIP	BROOKSVILLE FL 34602
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUMP, DR. RICHARD	2.2 NAME	MILLER, MARTY
STREET ADDRESS	26262 LAKE LINDSEY ROAD	2.3 STREET ADDRESS	24104 PEPPERMILL DR.
CITY-ST-ZIP	BROOKSVILLE FL 34601	2.4 CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NATION, MARGUERITTE A.	3.2 NAME	LEWIS, MARY
STREET ADDRESS	24209 MONDON HILL ROAD	3.3 STREET ADDRESS	10082 DOMINGO DR.
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, BEVERLY	4.2 NAME	JOHNSTON, CHARLENE
STREET ADDRESS	1080 PONCE DE LEON BLVD	4.3 STREET ADDRESS	11250 RIDDLE DR.
CITY-ST-ZIP	BROOKSVILLE FL 34601	4.4 CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	BM <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONSTANTIN, DOROTHY	5.2 NAME	HELM, STEVE
STREET ADDRESS	11011 JOYCE DRIVE	5.3 STREET ADDRESS	645 PONCE DE LEON BLVD.
CITY-ST-ZIP	BROOKSVILLE FL 34601	5.4 CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	BM <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON, CHARLES	6.2 NAME	REGISTER, MAX
STREET ADDRESS	47 BIRCH TREE STREET	6.3 STREET ADDRESS	9863 DOMINGO DR.
CITY-ST-ZIP	HOMOSASSA FL 34446	6.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601

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: *Beverly S. Lewis* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY S. LEWIS 4-26-99 352-796-5175

Date

Daytime Phone #

CR2E037 (11/98)