

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90416 017 \*\*\*\*61.25

**DOCUMENT # N93000005323**

1. Entity Name

**HERNANDO HIGH SCHOOL PERFORMING ARTS CENTER  
GUILD, INC.**



Principal Place of Business

Mailing Address

**200 NORTH AVENUE  
BROOKSVILLE FL 34601**

**P O BOX 1027  
BROOKSVILLE FL 34605-1027  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHA, RODERICK  
30119 WILLOW RANK AVE  
BROOKSVILLE FL 34602**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME FERRARO, BARBARA  
STREET ADDRESS 9295 WESTSHORE DRIVE  
CITY- ST- ZIP WEEKI WACHEE FL 34613

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VPD ☐ Delete  
NAME DURR, MARIBETH  
STREET ADDRESS 21130 MARGUERITE ROAD  
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE SD ☐ Delete  
NAME DECKER, SHELLEY  
STREET ADDRESS 11428 ROYAL  
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE TD ☐ Delete  
NAME RODERICK, MARSHA  
STREET ADDRESS 30449 WILLOW BANK AVENUE  
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE BM ☐ Delete  
NAME SMITH, ROBERT  
STREET ADDRESS 918 CEDAR DR  
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME ROSEMARIE, RAYMOND  
STREET ADDRESS 9922 DOMINGO DR.  
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marsha Roderick*, MARSHA RODERICK 4/11/07 3876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #