

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON Q. BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Moriharn Secretary of State DIVISION OF CORPORATIONS
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FILED  
Jun 25 1996 8:00 am  
Secretary of State

DOCUMENT # N95000002331 (5)

1. Corporation Name

GOOD GOVERNMENT LEAGUE OF HERNANDO COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

9395 BELVEDERE ST  
SPRING HILL FL 34608

9395 BELVEDERE ST  
SPRING HILL FL 34608

3. Date Incorporated or Qualified 05/12/1995  
3a. Date of Last Report 5-12-95

2. Principal Place of Business

2a. Mailing Address

21 13469 PIA CT

26 13469 PIA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HOME

27 HOME

City & State

City & State

23 SPRING HILL

28 SPRING HILL

Zip

Zip

24 34609

Country

29 34609

Country

30 HERNANDO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHTER, CLAIRE  
9395 BELVEDERE ST  
SPRING HILL FL 34608

81 Name JOSEPH T. FOX SR

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

13469 PIA CT

83

84 City SPRING HILL

FL

85 Zip Code 34609

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 ☒ DELETE

NAME RADMAN, MARY E  
STREET ADDRESS 6476 AMBER RIDGE CIR  
CITY-ST-ZIP RIDGE MANOR WEST FL 34602

TITLE VD ☒ DELETE

NAME JACOBELLIS, THOMAS D  
STREET ADDRESS 5155 BURTON CT  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE SD ☐ DELETE

NAME MURPHY, JAMES  
STREET ADDRESS 2285 WYNDAM DR  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE TD ☒ DELETE

NAME DEHART, EVELYN  
STREET ADDRESS 6191 SUMTER DR  
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE D ☒ DELETE

NAME FOX, JOSEPH T  
STREET ADDRESS 13469 PIA CT  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE D ☐ DELETE

NAME PRITCHARD, RICHARD  
STREET ADDRESS 13467 LAWRENCE ST  
CITY-ST-ZIP SPRING HILL FL 34609

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME JOSEPH T. FOX SR

1.3 STREET ADDRESS 13469 PIA CT

1.4 CITY-ST-ZIP SPRING HILL, FL 34609

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME JOHN R. TENINE

2.3 STREET ADDRESS 12182 GREENWOOD ST

2.4 CITY-ST-ZIP BROOKSVILLE, FL 34613

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE T. DALLIA GASTIL ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 8011 GREENBRIAR CT

4.4 CITY-ST-ZIP SPRING HILL, FL 34606

5.1 TITLE EVELYN DEHART ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 6191 SUMTER DR

5.4 CITY-ST-ZIP BROOKSVILLE, FL 34602

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH T. FOX SR  
Daytime Phone #

CR2E037 (3/96)