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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002331 (5)

1. Corporation Name

GOOD GOVERNMENT LEAGUE OF HERNANDO COUNTY, FLORIDA, INC.

Principal Place of Business

13469 PIA CT HOME
SPRING HILL FL 34609
US

Mailing Address

13469 PIA CT HOME
13469 PIA CT
SPRINGHILL FL 34609
US

3. Date Incorporated or Qualified
05/12/1995

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

21 12182 GREENWOOD ST

Suite, Apt. #, etc.

22

City & State

23 BROOKSVILLE, FL

24 Zip 34613

25 Country HERNANDO

9. Name and Address of Current Registered Agent

FOX, JOSEPH T SR
13469 PIA CT
SPRINGHILL FL 34608

SIGNATURE

John R. Tenini
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOX, SR JOSEPH T	
STREET ADDRESS	13469 PIA CT	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TENINI, JOHN R	
STREET ADDRESS	12182 GREENWOOD ST	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURPHY, JAMES	
STREET ADDRESS	2285 WYNDAM DR	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ONEIL, ALICIA	
STREET ADDRESS	8011 GREENBRIAR CT	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVELYN DEHART	
STREET ADDRESS	6191 SUKMTER DR	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRITCHARD, RICHARD	
STREET ADDRESS	13467 LAWRENCE ST	
CITY-ST-ZIP	SPRING HILL FL 34609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TENINI, JOHN R.	
1.3 STREET ADDRESS	12182 GREENWOOD ST	
1.4 CITY-ST-ZIP	BROOKSVILLE, FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KARL HUSTON, JR	
2.3 STREET ADDRESS	2088 BRIGADIER DR.	
2.4 CITY-ST-ZIP	SPRING HILL, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOSEPH T. FOX	
6.3 STREET ADDRESS	13469 PIA CT.	
6.4 CITY-ST-ZIP	SPRING HILL, FL 34609	

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

Date

Daytime Phone # 0079755

1-20-97

CR2E037 (9/96)