

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N95000002331 (5)**

1. Corporation Name

GOOD GOVERNMENT LEAGUE OF HERNANDO COUNTY, FLORIDA, INC.



| | |
|---|--|
| Principal Place of Business 12182 GREENWOOD ST BROOKVILLE FL 34613 US | Mailing Address 19469 PIA CT HOME SALES 23 19469 PIA CT Principal Place of SPRINGHILL FL 34609 BUSINESS US |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 P.O. Box 10021 26 Suite, Apt. #, etc. 27 City & State 28 Brooksville, Fl 29 Zip 30 34605 31 Country 32 Hernando |
|---|---|

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 05/12/1995 | 4. FEI Number 59-3216718 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent TENINI, JOHN R 12182 GREENWOOD ST BROOKSVILLE FL 34613 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 *John R. Tenini* (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|---|--|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PD | NAME FOX, SR JOSEPH T | 1.1 TITLE D | 1.2 NAME Joseph T Fox, Jr. Tenini, John R. |
| STREET ADDRESS 13469 PIA CT | CITY-ST-ZIP SPRINGHILL FL | 1.3 STREET ADDRESS 12469 PIA CT | 1.4 CITY-ST-ZIP 12182 Greenwood St Spring Hill, FL 34609 |
| TITLE PD | NAME TENINI, JOHN R | 2.1 TITLE VD | 2.2 NAME Karl Mistole |
| STREET ADDRESS 12182 GREENWOOD ST | CITY-ST-ZIP BROOKSVILLE FL 34613 | 2.3 STREET ADDRESS 2088 Brigadier Dr. | 2.4 CITY-ST-ZIP Spring Hill, FL |
| TITLE SD | NAME MURPHY, JAMES | 3.1 TITLE SD | 3.2 NAME Irene A. Pritchard |
| STREET ADDRESS 2285 WYNDAM DR | CITY-ST-ZIP SPRING HILL FL 34608 | 3.3 STREET ADDRESS 13467 Lawrence St. | 3.4 CITY-ST-ZIP Spring Hill, FL 34609 |
| TITLE TD | NAME ONEIL, ALCIA | 4.1 TITLE TD | 4.2 NAME William V. Kane |
| STREET ADDRESS 8011 GREENBRIAR CT | CITY-ST-ZIP SPRINGHILL FL | 4.3 STREET ADDRESS 7158 Big Bend Drive | 4.4 CITY-ST-ZIP Spring Hill, FL 34606 |
| TITLE D | NAME EVELYN DEHART | 5.1 TITLE | 5.2 NAME |
| STREET ADDRESS 6191 SUKMITER DR | CITY-ST-ZIP BROOKSVILLE FL | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| TITLE D | NAME PRITCHARD, RICHARD | 6.1 TITLE | 6.2 NAME |
| STREET ADDRESS 13467 LAWRENCE ST | CITY-ST-ZIP SPRING HILL FL 34609 | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

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.

SIGNATURE: *John R. Tenini* DATE: **4/8/98**

000037 (10/97)