


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90080 030 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N95000002331</b>					
<b>1. Corporation Name</b> <b>GOOD GOVERNMENT LEAGUE OF HERNANDO COUNTY, FLORIDA, INC.</b>					
<b>Principal Place of Business</b> 12182 GREENWOOD ST BROOKVILLE FL 34613 US			<b>Mailing Address</b> P O BOX 10021 13469 FIA CT BROOKSVILLE FL 34605 US		



<b>2. Principal Place of Business</b> 21 <b>12210 LAMONT DR</b> Suite, Apt. #, etc. 22 <b>SPRING HILL</b> City & State 23 <b>FLORIDA</b> Zip 24 <b>34608</b>		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>HERNANDO</b>		<b>3. Date Incorporated or Qualified</b> <b>05/12/1995</b> <b>4. FEI Number</b> <b>59-3216718</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>9. Name and Address of Current Registered Agent</b> <b>TENINI, JOHN R</b> <b>12182 GREENWOOD ST</b> <b>BROOKSVILLE FL 34613</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name <b>RAYE, ERICKSON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>12210 LAMONT DR</b> 83 <b>SPRING HILL</b> 84 City <b>FLORIDA</b> <b>FL</b> 85 Zip Code <b>34608</b>			
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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 Ray E. Erickson DATE 4-5-99

Signature typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENINI, JOHN R	1.2 NAME	RAYE, ERICKSON
STREET ADDRESS	12182 GREENWOOD ST	1.3 STREET ADDRESS	12210 LAMONT DR
CITY-ST-ZIP	BROOKSVILLE FL 34613	1.4 CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISTOLE, KARL	2.2 NAME	SABATO, DEVITO
STREET ADDRESS	2088 BRIGADIER DR	2.3 STREET ADDRESS	8229 CHAUCER DR
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	SPRING HILL FL 34607
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, IRENE A	3.2 NAME	
STREET ADDRESS	13467 LAWRENCE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, WILLIAM V	4.2 NAME	JEANNETTE FOX
STREET ADDRESS	7158 BIG BEND DR	4.3 STREET ADDRESS	13469 PIA CT
CITY-ST-ZIP	SPRINGHILL FL 34606	4.4 CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVELYN DEHART	5.2 NAME	CLAIRE RICHTER
STREET ADDRESS	6191 SUKMTER DR	5.3 STREET ADDRESS	9395 BELVEDERE ST
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHARD, RICHARD	6.2 NAME	
STREET ADDRESS	13467 LAWRENCE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	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, with all other like empowered.

SIGNATURE: Ray E. Erickson DATE 4-5-99 DAYTIME PHONE # 352-596-7035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)