

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004960

FILED
Mar 03, 2005
Secretary of State

Entity Name: HERNANDO COMPUTER CLUB, INC.

Current Principal Place of Business:

13400 MONTOUR ST
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6392
SPRING HILL, FL 34616392

New Mailing Address:

FEI Number: 59-3483756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUBERTOWICZ, JOHN
7221 ALOE DRIVE
SPRING HILL, FL 34607 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUBERTOWICZ, JOHN
Address: 7221 ALOE DRIVE
City-St-Zip: SPRING HILL, FL 34607

Title: D () Delete
Name: STEINBERGER, WOLFGANG
Address: 1321 SADDLE WAY
City-St-Zip: BROOKSVILLE, FL 34614

Title: SD () Delete
Name: QUAST, JOAN
Address: 9668 SCEPTER AVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: TD () Delete
Name: COPP, JOE
Address: 2487 RUNNING OAK CT
City-St-Zip: SPRING HILL, FL 34608

Title: VPD () Delete
Name: HALLORAN, DON
Address: 6036 NOCKLYN ROAD
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: SYMONDS, VICTOR
Address: 9340 CREOLE CT
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LUBERTOWICZ

PD

03/03/2005

Electronic Signature of Signing Officer or Director

Date