

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90144 020 ****70.00

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|--|--|--|---|---|--|
| DOCUMENT # N97000004960 1. Entity Name HERNANDO COMPUTER CLUB, INC. | | | | | |
| Principal Place of Business 13400 MONTGOUR ST SPRING HILL, FL 34606 | | | Mailing Address POST OFFICE BOX 6392 SPRING HILL, FL 34611-6392 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State BROOKSVILLE, FL | | City & State | | 4. FEI Number 59-3483756 | |
| Zip 34613-6804 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LUBERTOWICZ, JOHN 7221 ALOE DRIVE SPRING HILL, FL 34607 | | | | 7. Name and Address of New Registered Agent Name KARSLAKE, DON Street Address (P.O. Box Number is Not Acceptable) 9342 BOBOLINK AVE. City WEEKI WACHEE FL Zip Code 34613 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LUBERTOWICZ, JOHN 7221 ALOE DRIVE SPRING HILL, FL 34607 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PURKHISER, RON 2051 FENTRESS CT SPRING HILL, FL 34609 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PORKHISER, RON 2051 FENTRESS CT. SPRING HILL, FL 34609 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SEXTON, MICHAEL 5085 BREAKWATER BLVD SPRING HILL, FL 34607 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LUTZ, PAUL 9208 ELDRIDGE RD SPRING HILL, FL 34608 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEXTON, NANCY 5085 BREAKWATER BLVD SPRING HILL, FL 34607 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BACKEY, LORRAINE 5571 BAFFIN CIR SPRING HILL, FL 34606 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOOK, JEAN 14066 OLETA ST. SPRING HILL, FL 34608 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KARSLAKE, DON 9342 BOBOLINK AVE. WEEKI WACHEE, FL 34613 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REILLY, GEORGE R. 13496 PULLMAN DR. SPRING HILL, FL 34609 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HAAG, BRIGITTE 3484 PALOMETA DR. HERNANDO BEACH, FL 34607 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Lorraine Backey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/21/2008 352-686-4868 <small>Date Daytime Phone #</small> | | |