2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004960

Entity Name: HERNANDO COMPUTER CLUB, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
13400 MONTOUR ST BROOKSVILLE, FL 346136804	8375 SPRING HILL DR SPRING HILL, FL 34608

Current Mailing Address:	**New Mailing Address:**
POST OFFICE BOX 6392 SPRING HILL, FL 346116392	POST OFFICE BOX 6392 SPRING HILL, FL 346116392 US

FEI Number: 59-3483756   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
KARSLARE, DON 9342 BOBOLINE AVE WEEKI WACHEE, FL 34613 US	TUREK, PATRICIA TRES 11115 CRANSTON ST SPRING HILL, FL 34608 US

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: PATRICIA TUREK, TRES   03/09/2010

_____Electronic Signature of Registered Agent_____   _____Date_____

OFFICERS AND DIRECTORS:

Title: P
Name: HAAG, BRIGITTE PRES
Address: 3464 PALOMETA DR
City-St-Zip: HERNANDO BEACH, FL 34607 US

Title: VP
Name: PURKHISER, RON V.P.
Address: 2051 FENTRESS CT
City-St-Zip: SPRING HILL, FL 34609 US

Title: S
Name: KING, JUDY SECT.
Address: P O BOX 6392
City-St-Zip: SPRING HILL, FL 34611 US

Title: T
Name: TUREK, PATRICIA TRES
Address: 11115 CRANSTON ST
City-St-Zip: SPRING HILL, FL 34608

Title: D
Name: CAQUELIN, JUDEE DIR.
Address: 14139 BASSINGTHORPE DR
City-St-Zip: SPRING HILL, FL 34609

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA TUREK   TREA   03/09/2010

_____Electronic Signature of Signing Officer or Director_____   _____Date_____