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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005032

1. Corporation Name

**HERNANDO COUNTY, INC. AUXILIARY TO POST NO. 8713
, LADIES AUXILIARY TO THE VETERANS OF FOREIGN WA**

Principal Place of Business

18165 EVENING STAR AVE
BROOKSVILLE FL 34609

Mailing Address

18165 EVENING STAR AVE
BROOKSVILLE FL 34609



2. Principal Place of Business 21 24268 KAUFMAN RD. Suite, Apt. #, etc. 22 BROOKSVILLE, FL. City & State 23 34601 U.S.A. Zip Country 24 25	2a. Mailing Address 26 24268 KAUFMAN RD. Suite, Apt. #, etc. 27 BROOKSVILLE, FL. City & State 28 34601 U.S.A. Zip Country 29 30	3. Date Incorporated or Qualified 09/05/1997 4. FEI Number 59-2851796 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution
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9. Name and Address of Current Registered Agent

**WHITTAKER, O E
18165 EVENING STAR AVE
BROOKSVILLE FL 34609**

10. Name and Address of New Registered Agent

81 Name **YVONNE MALONE**
82 Street Address (P.O. Box Number is Not Acceptable)
24268 KAUFMAN RD.
83 BROOKSVILLE,
84 City **FL** 85 Zip Code **34601**

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 Yvonne Malone
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD CANNIZZARO, ELENA 1381 MARINER BLVD SPRING HILL FL 34609 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ATD Padgett, Billie P.O. Box 66 N/A? Nobleton, FL. 34661 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVES, ANNA 23414 BARCREST CT BROOKSVILLE FL 34601 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P.D. YVONNE MALONE 24268 KAUFMAN RD. BROOKSVILLE, FL. 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PADGETT, BILLIE P. O. BOX 66 N/A NOBLETON FL 34661 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITTAKER, EILEEN 18165 EVENING STAR AVE BROOKSVILLE FL 34609 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SVPD RAMONA STEWART 21253 YONTZ RD., # 59 BROOKSVILLE, FL. 34601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Yvonne Malone SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99
Date

352-796-6026
Daytime Phone #

CR2E037 (11/98)