

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90220 029 \*\*\*\*61.25

**DOCUMENT # N97000005032**

1. Entity Name

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



Principal Place of Business

**24268 KAUFMAN RD.  
BROOKSVILLE FL 34601**

Mailing Address

**24268 KAUFMAN RD.  
BROOKSVILLE FL 34601**

2. Principal Place of Business

**1681 E Jefferson St**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

**Brooksville FL**

City & State

4. FEI Number

**59-2851796**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MALONE, YVONNE  
24268 KAUFMAN RD  
BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent

Name **Same**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **SCROGGINS, BEVERLY**  
STREET ADDRESS **20015 WARNEL AVE**  
CITY-ST-ZIP **BROOKSVILLE FL 34602**

TITLE **VP** ☒ Delete  
NAME **CARAM, MARY**  
STREET ADDRESS **8009 WESTERN CIRCLE DR.**  
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **S** ☐ Delete  
NAME **SCHULTE, BRENDA**  
STREET ADDRESS **9227 WEST ST**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **VP** ☒ Delete  
NAME **GOULD, LINDA**  
STREET ADDRESS **9236 WEST ST**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE  ☐ Delete  
NAME **MALONE, YVONNE**  
STREET ADDRESS **24268 KAUFMAN RD**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
NAME **Prebble, Peggy**  
STREET ADDRESS **15703 Brookridge Blvd**  
CITY-ST-ZIP **Brooksville, FL 34613**

TITLE **Sr Vice** ☒ Change ☐ Addition  
NAME **Padden, Beatrice**  
STREET ADDRESS **14389 Dehaven Ave**  
CITY-ST-ZIP **Brooksville, FL 34613**

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE **Jr. Vice** ☒ Change ☐ Addition  
NAME **Perdue, April**  
STREET ADDRESS **4198 Baseball Pond Rd**  
CITY-ST-ZIP **Brooksville, FL 34602**

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

12. 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 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:

**Yvonne Malone**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Yvonne Malone**

**2/18/05**  
Date

**352-796-6026**  
Daytime Phone #