

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90029 030 ****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

1681 E JEFFERSON ST
BROOKSVILLE FL 34601

Mailing Address

24268 KAUFMAN RD.
BROOKSVILLE FL 34601

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.



1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2851796

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2006

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 PREBBLE, PEGGY
STREET ADDRESS 15703 BROOKRIDGE BLVD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE S ☒ Delete
NAME PADDEN, BEATRICE
STREET ADDRESS 14389 DEHAVEN AVE
CITY-ST-ZIP BROOKSVILLE FL 34613

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

TITLE JVP ☒ Delete
NAME PERDUE, APRIL
STREET ADDRESS 4198 BASEBALL POND RD
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE T ☐ 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 Areta F. Townsend ☒ Change ☐ Addition
NAME
STREET ADDRESS 47 Markham Lane
CITY-ST-ZIP Brooksville FL 34601

TITLE Barbara Solomon ☒ Change ☐ Addition
NAME
STREET ADDRESS 6938 Daffodil Dr.
CITY-ST-ZIP Brooksville, A. 34601

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

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

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 exemptions contained in Section 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: Yvonne Malone

1/30/06 352-796-6026