2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State
03-01-2007 90021 005 ****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 - No P.O. Box #

3. Mailing Address: 24248 Kaufman Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State: Brooksville, Fl. 34601

4. FEI Number: 59-2851796 — Applied For / Not Applicable

Zip | Country

Zip: 34601 | Country: Hernando

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)

24248 Kaufman Rd

City: Brooksville **FL** Zip Code: 34601

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, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	P TOWNSEND, ARETA F 47 MARKHAM LN BROOKSVILLE FL 34601 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Barbara Solomon 6938 Daffodil Dr Brooksville, Fl. 34601 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S SOLOMON, BARBARA 6938 DAFFODIL DR BROOKSVILLE FL 34601 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Betty Simonetti 7052 Pine Needle Ln. Brooksville, Fl. 34601 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S SCHULTE, BRENDA 9227 WEST ST BROOKSVILLE FL 34601 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	JVP PADDEN, BEATRICE 14389 DEHAVEN AVE BROOKSVILLE FL 34613 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Kathy Nelson 24171 Kiwi Ln. Brooksville Fl. 34601 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T MALONE, YVONNE 24268 KAUFMAN RD BROOKSVILLE FL 34601 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Yvonne Malone 24248 Kaufman Rd Brooksville, Fl. 34601 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 — 2/20/07 — 352-796-6026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #