2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State
02-26-2008 90009 041 ****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	Mailing Address
1681 E JEFFERSON ST BROOKSVILLE FL 34601	24248 KAUFMAN RD. BROOKSVILLE FL 34601

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
MALONE, YVONNE 24248 KAUFMAN RD BROOKSVILLE FL 34601	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 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 SIMONETTI, BETTY 7052 PINE NEEDLE LN. BROOKSVILLE FL 34601	☒ 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	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 NELSON, KATHY 24171 KIWI LANE BROOKSVILLE FL 34601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Linda Gould 9236 West ST Brooksville, FL 34601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MALONE, YVONNE 24248 KAUFMAN RD. BROOKSVILLE FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 2/14/08 352-796-6026