

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005032

FILED
Jan 15, 2009
Secretary of State

Entity Name: HERNANDO COUNTY, INC. AUXILIARY TO POST NO. 8713, LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS OF THE UNITED STATES

Current Principal Place of Business:

1681 E JEFFERSON ST
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

24248 KAUFMAN RD.
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-2851796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALONE, YVONNE
24248 KAUFMAN RD
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMONETTI, BETTY
Address: 7052 PINE NEEDLE LN
City-St-Zip: BROOKSVILLE, FL 34601

Title: S () Delete
Name: NELSON, KATHY
Address: 24171 KIWI LN
City-St-Zip: BROOKSVILLE, FL 34601

Title: S () Delete
Name: SCHULTE, BRENDA
Address: 9227 WEST ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: JVP () Delete
Name: GOULD, LINDA
Address: 9236 WEST ST
City-St-Zip: BROOKSVILLE, FL 34601

Title: T () Delete
Name: MALONE, YVONNE
Address: 24248 KAUFMAN RD.
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HYPES, CHARLOTTE
Address: 14458 OLD CRYSTAL RIVER RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: SVP (X) Change () Addition
Name: HENSON, AUDRIE
Address: 24378 DORSEY SMITH RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: S (X) Change () Addition
Name: PARKER, DEBBIE
Address: 25324 SHAMOKIN DR
City-St-Zip: BROOKSVILLE, FL 34601

Title: JVP (X) Change () Addition
Name: PADDON, BEA
Address: 14389 DEHAVEN AVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE MALONE

T

01/15/2009

Electronic Signature of Signing Officer or Director

Date