

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-10-2003 90179 033 ****61.25

DOCUMENT # N97000005032



1. Entity Name

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

Principal Place of Business

**24268 KAUFMAN RD.
BROOKSVILLE FL 34601**

Mailing Address

**24268 KAUFMAN RD.
BROOKSVILLE FL 34601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

~~PADGETT, BILLIE M
15183 OAK LANE
NOBLETON FL 34861~~

**YVONNE Malone
24268 Kaufman Rd
Brooksville, FL 34601**

Name

YVONNE Malone

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

24268 Kaufman Rd

City

Brooksville, FL 34601

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

Yvonne Malone Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

3/6/03
DATE

FILE NOW: FEE IS \$61.25

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	PD PADDEN, BEATRICE 14389 DEMAVEN AVE BROOKSVILLE FL 34613	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SCROGGINS, BEVERLY 27283 WARNER AVE BROOKSVILLE FL 34602	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, ETHELDA 18183 SPANGLER AVE. BROOKSVILLE FL 34604	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEWART, RAMONA 21253 YONTZ RD., #59 BROOKSVILLE FL 34601	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PADGETT, BILLIE M P O BOX 66 NOBLETON FL 34861	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRANNAN, JACQUELINE 20015 WILLOWOOD DR BROOKSVILLE, FL 34601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP TOWNSEND, ARETA 47 MARKHAM LN BROOKSVILLE, FL 34601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BERBATA MACFARLANE 7216 LANDSDALE ST BROOKSVILLE, FL 34601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer YVONNE Malone 24268 Kaufman Rd Brooksville, FL 34601	☒ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03

Date

352-796-6026

Daytime Phone #

CR2E037 (10/02)