

FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90030 048 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003107

1. Corporation Name

HUMAN RIGHTS COALITION OF HERNANDO COUNTY, INC.

Principal Place of Business
**3418 KNOTTY OAKS CIRCLE
SPRING HILL FL 34606**

Mailing Address
**3418 KNOTTY OAKS CIRCLE
SPRING HILL FL 34606**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/28/1998

4. FEI Number

59-3571134

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**CARIO, JEFFREY P
TEW, ZINOBAR, BARNES, ZIMMET & UNICE
7361 FOREST OAKS BOULEVARD
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Director/Chairman	<input type="checkbox"/> DELETE
NAME	Walter Dry	
STREET ADDRESS	3418 Knotty Oaks Circle	
CITY-ST-ZIP	Spring Hill, Fl 34606	
TITLE	Director/Vice Chairman	<input type="checkbox"/> DELETE
NAME	Nicholas Morana	
STREET ADDRESS	4257 Drummond Avenue	
CITY-ST-ZIP	Spring Hill, Fl 34608	
TITLE	Director/Secretary	<input type="checkbox"/> DELETE
NAME	Jeanette R. Soto	
STREET ADDRESS	122 Dolly Drive	
CITY-ST-ZIP	Brooksville, Fl 34601	
TITLE	Director/Treasurer	<input type="checkbox"/> DELETE
NAME	Vince Vanni	
STREET ADDRESS	12272 Eakin Street	
CITY-ST-ZIP	Brooksville, Fl 34614	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Robert Bestercy	
STREET ADDRESS	11315 Linden Drive	
CITY-ST-ZIP	Spring Hill, Fl 34606	
TITLE	Jeffrey P. Cario	<input type="checkbox"/> DELETE
NAME	7361 Forest Oaks Blvd.	
STREET ADDRESS	Spring Hill, Fl 34606	
CITY-ST-ZIP	Director	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Duane L. Chister	
1.3 STREET ADDRESS	15299 Cortez Blvd.	
1.4 CITY-ST-ZIP	Brooksville, Fl 34613	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lori Hoban	
2.3 STREET ADDRESS	P.O. Box 12187	
2.4 CITY-ST-ZIP	Brooksville, Fl 34603	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Leo Jacobs	
3.3 STREET ADDRESS	373 Florian Way	
3.4 CITY-ST-ZIP	Spring Hill, Fl 34609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robin Murray	
4.3 STREET ADDRESS	2301 Deltona Blvd.	
4.4 CITY-ST-ZIP	Spring Hill, Fl 34606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Robert Kanner	
5.3 STREET ADDRESS	12861 North Linden Drive	
5.4 CITY-ST-ZIP	Spring Hill, Fl 34609	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Max Laudun	
6.3 STREET ADDRESS	8137 Pagoda Drive	
6.4 CITY-ST-ZIP	Spring Hill, Fl 34606	(See Continuation)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WALTER L. DRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter L. Dry 3/29/99 (352) 666-9140
Date Daytime Phone #

CR2E037 (1/98)