

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

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90059 011 ****61.25

DOCUMENT # N99000005169
 1. Entity Name
A NEW GENERATION OF HERNANDO, INC.

Principal Place of Business: **134 E FT DADE AVE BROOKSVILLE FL 34601**
 Mailing Address: **P O BOX 1935 BROOKSVILLE FL 34605**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E037 (10/06)

4. FEI Number: **59-3596705** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WOODRUFF, SHAWN
~~4193 NEFF LAKE RD~~ **4195 Neff Lake Rd.**
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **4195 Neff Lake Rd**
 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 _____ (NOTE: Registered Agent signature required when registering) 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: PD NAME: BROWN, CARL REV STREET ADDRESS: 29249 WILPAYNE ROAD CITY-ST-ZIP: BROOKSVILLE FL 34922	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: BALDNER, KARL STREET ADDRESS: 19075 FT. DADE AVENUE CITY-ST-ZIP: BROOKSVILLE FL 34601	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: RESSEL, CYNTHIA STREET ADDRESS: 11117 CINDY DRIVE CITY-ST-ZIP: BROOKSVILLE FL 34601	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: HAROLD VARVEL V.P. NAME: STREET ADDRESS: 140 LARK AVE. CITY-ST-ZIP: Brooksville, Fl. 34601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: Treas. NAME: Shawn Woodruff STREET ADDRESS: 4195 Neff Lake Rd CITY-ST-ZIP: Brooksville, Fl. 34601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shawn Woodruff* **Shawn Woodruff, Treas** 1/31/07 352-799-1012