


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-06-2005 90105 031 60.25
N04000004253

FILED

05 MAY 25 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50050520

| | | | | | |
|---|-----------------------------------|--|---|--|-----------------------------------|
| DOCUMENT # N04000004253 | | | |  | |
| 1. Entity Name NATURE COAST COMMUNITY HEALTH CENTER, INC. | | | | | |
| Principal Place of Business 300 SOUTH MAIN STREET BROOKSVILLE, FL 34601 | | | Mailing Address 300 SOUTH MAIN STREET 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 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| CALLAGHAN, ELIZABETH A 300 SOUTH MAIN STREET BROOKSVILLE, FL 34601 | | | | Name | |
| | | | | 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | C | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WORLEY, DARLENE | | NAME | | |
| STREET ADDRESS | 14540 CORTEZ BOULEVARD, SUITE 204 | | STREET ADDRESS | 191 E. Jefferson Street | |
| CITY-ST-ZIP | BROOKSVILLE, FL 34613 | | CITY-ST-ZIP | Brooksville, FL 34601 | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FRAZIER, BRENDA | | NAME | | |
| STREET ADDRESS | 20 NORTH MAIN STREET, SUITE 461 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BROOKSVILLE, FL 34601 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DANIEL, DEBBIE | | NAME | | |
| STREET ADDRESS | 621 WEST JEFFERSON | | STREET ADDRESS | | |
| CITY-ST-ZIP | BROOKSVILLE, FL 34601 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BLACK, VIENNESSE | | NAME | | |
| STREET ADDRESS | P.O. BOX 5481 | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPRING HILL, FL 34606 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Darlene R. Worley</i> | | | 4/26/05 | | 352-540-6814 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |



4/25/05