

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004253

FILED
Feb 19, 2009
Secretary of State

Entity Name: NATURE COAST COMMUNITY HEALTH CENTER, INC.

Current Principal Place of Business:

300 SOUTH MAIN STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

300 SOUTH MAIN STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 51-0512308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAGHAN, ELIZABETH A
300 SOUTH MAIN STREET
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: C () Delete
Name: WORLEY, DARLENE
Address: 13368 BRIGHTON STREET
City-St-Zip: BROOKSVILLE, FL 34609

Title: C () Delete
Name: FRAZIER, BRENDA
Address: 20 NORTH MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: T () Delete
Name: DANIEL, DEBBIE
Address: 17240 CORTEZ BLVD.
City-St-Zip: BROOKSVILLE, FL 34601

Title: S () Delete
Name: BLACK, VIENNESSE
Address: P.O. BOX 10513
City-St-Zip: BROOKSVILLE, FL 34603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: WORLEY, DARLENE
Address: 11012 UPTON STREET
City-St-Zip: BROOKSVILLE, FL 34609

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

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

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: DARLENE WORLEY

CHR

02/19/2009

Electronic Signature of Signing Officer or Director

Date