

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 20, 2009
Secretary of State

DOCUMENT# N24760

Entity Name: HERNANDO COUNTY EDUCATION DIRECT-SUPPORT ORGANIZATION, INC.**Current Principal Place of Business:**919 NORTH BROAD ST.
BROOKSVILLE, FL 34601 US**New Principal Place of Business:****Current Mailing Address:**919 NORTH BROAD ST.
BROOKSVILLE, FL 34601 US**New Mailing Address:****FEI Number:** 59-3031959**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GUADAGNINO, GUS A PRES
16230 AVIATION LOOP LANE
BROOKSVILLE, FL 34609 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: MR. () Delete
Name: GUADAGNINO, GUS PRES
Address: 16230 AVIATION LOOP LANE
City-St-Zip: BROOKSVILLE, FL 34609 US

Title: MRS. () Delete
Name: BAINUM, LORI VP
Address: 15365 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: MR. () Delete
Name: BARNIER, STEPHEN P TREASUR
Address: 11311 RAINBOW WOODS LOOP
City-St-Zip: SPRING HILL, FL 346099148 US

Title: MS. (X) Delete
Name: REITZ, KATHLEEN J EXDIREC
Address: 11389 SHEFFIELD ROAD
City-St-Zip: SPRING HILL, FL 34608 US

Title: MS. (X) Delete
Name: ECHOLS, TRACY BRD MEM
Address: 31359 SATINLEAF RUN
City-St-Zip: BROOKSVILLE, FL 34602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUADAGNINO, GUS
Address: 16230 AVIATION LOOP LANE
City-St-Zip: BROOKSVILLE, FL 34609 US

Title: VP (X) Change () Addition
Name: BAINUM, LORI
Address: 15365 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: T (X) Change () Addition
Name: BARNIER, STEPHEN P
Address: 11311 RAINBOW WOODS LOOP
City-St-Zip: SPRING HILL, FL 346099148 US

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: STEPHEN P BARNIER

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05/20/2009

Electronic Signature of Signing Officer or Director

Date