


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90116 037 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000007220**  
 1. Corporation Name  
**FOSTER CARE REVIEW BOARD OF HERNANDO COUNTY, INC**

Principal Place of Business 20 NORTH MAIN STREET BROOKSVILLE FL 34601	Mailing Address 20 NORTH MAIN STREET BROOKSVILLE FL 34601
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319098 - 90040 - 42



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/02/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3483398
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Country 29	
	Country 30	

9. Name and Address of Current Registered Agent  SPARDO, ROBERT A 20 NORTH MAIN STREET BROOKSVILLE FL 34601	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME <del>RICHARD X</del> STREET ADDRESS <del>X X X X X X X X X X</del> CITY-ST-ZIP <del>SPRING HILL FL 34608</del>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME Karl Baldner 1.3 STREET ADDRESS 11331 Ponce de Leon Blvd. 1.4 CITY-ST-ZIP Brooksville, FL 34601	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>DIRECTOR</i>
TITLE D NAME NICOLAI, KAREN A STREET ADDRESS 20 NORTH MAIN STREET CITY-ST-ZIP BROOKSVILLE FL 34601	<input type="checkbox"/> DELETE <i>DIRECTOR AND PRESIDENT</i>	2.1 TITLE 2.2 NAME Sharon Taylor, Esq. 2.3 STREET ADDRESS P.O. Box 1032 2.4 CITY-ST-ZIP Brooksville, FL 34605	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>DIRECTOR AND VICE-PRESIDENT</i>
TITLE D NAME RIZWAN, QUEWAHI STREET ADDRESS 2142 COTTONDALE AVE CITY-ST-ZIP SPRING HILL FL 34608	<input type="checkbox"/> DELETE <i>DIRECTOR AND SECRETARY/TREASURER</i>	3.1 TITLE 3.2 NAME Donald Shields 3.3 STREET ADDRESS 18900 Corteze Blvd. 3.4 CITY-ST-ZIP Brooksville, FL 34601	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>DIRECTOR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *[Signature]* DATE: 1/3/99 DAYTIME PHONE # 3527544201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)