



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90122 020 ****61.25

DOCUMENT # N98000005579					
1. Entity Name HERNANDO COUNTY VISITATION CENTER, INC.					
Principal Place of Business 275 OAK STREET BROOKSVILLE, FL 34601		Mailing Address 275 OAK STREET BROOKSVILLE, FL 34601		<p style="text-align: right; font-size: 24pt;">50029581</p> 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02152005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3535583	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
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.		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		
CLAIBORNE, MARIAN 275 OAK STREET BROOKSVILLE, FL 34601			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
SIGNATURE <u>Mari Claiborne</u>			DATE <u>3-3-05</u>		
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	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLAI, KAREN		NAME	SMITH, DEE	
STREET ADDRESS	20 N MAIN STREET, ROOM 130		STREET ADDRESS	5041 GASTON ST.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP	Spring Hill, FL 34607	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONERGAN, KATHLEEN		NAME	Blue, Catie	
STREET ADDRESS	4120 CAMELIA DRIVE		STREET ADDRESS	PO Box 10142	
CITY-ST-ZIP	SPRING HILL, FL 34607		CITY-ST-ZIP	Brooksville, FL 34603	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, GERRIE		NAME		
STREET ADDRESS	20 N MAIN STREET, ROOM 350		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, NIKI		NAME		
STREET ADDRESS	4371 HUNTERS PASS		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTIS, MEARL		NAME		
STREET ADDRESS	18900 CORTEZ BLVD		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, ELAINE		NAME		
STREET ADDRESS	10210 TRUDY LYNN DR.		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		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: <u>Karen Nicola</u>			Date: <u>3/1/05</u> Daytime Phone #: <u>352-754-4206</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					