

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000579

FILED
Mar 31, 2006
Secretary of State

Entity Name: HERNANDO COUNTY VISITATION CENTER, INC.

Current Principal Place of Business:

275 OAK STREET
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

275 OAK STREET
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-3535583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAIBORNE, MARIAN
275 OAK 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: TD () Delete
Name: NICOLAI, KAREN
Address: 20 N MAIN STREET, ROOM 130
City-St-Zip: BROOKSVILLE, FL 34601

Title: PD () Delete
Name: LONERGAN, KATHLEEN
Address: 4120 CAMELIA DRIVE
City-St-Zip: SPRING HILL, FL 34607

Title: D (X) Delete
Name: SMITH, DEE
Address: 5041 GASTON ST
City-St-Zip: SPRING HILL, FL 34607

Title: D () Delete
Name: HINTON, NIKI
Address: 4371 HUNTERS PASS
City-St-Zip: BROOKSVILLE, FL 34609

Title: D () Delete
Name: LETTS, MEARL
Address: 18900 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: PERRY, ELAINE
Address: 10210 TRUDY LYNN DR.
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NICOLAI, KAREN
Address: 20 N MAIN STREET, ROOM 130
City-St-Zip: BROOKSVILLE, FL 34601

Title: SEC (X) Change () Addition
Name: LONERGAN, KATHLEEN
Address: 4120 CAMELIA DRIVE
City-St-Zip: SPRING HILL, FL 34607

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

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

Title: TREA (X) Change () Addition
Name: BLUE, CATIE
Address: P.O. BOX 10142
City-St-Zip: BROOKSVILLE, FL 34603

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CJBLUE

Electronic Signature of Signing Officer or Director

TREA

03/31/2006

_____ Date