


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-08-2003 90107 016 ****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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3535583** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CLAIBORNE, MARIAN
275 OAK STREET
BROOKSVILLE FL 34601**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE: *Mari Claiborne* DATE: *4-15-03*

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 P	JOHNSON, HELENE 10427 SANDTRAP DRIVE SPRING HILL FL 34608	<input checked="" type="checkbox"/> Delete	
TITLE TD	NICOLAI, KAREN 20 N MAIN STREET, ROOM 130 BROOKSVILLE FL 34601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	LONERGAN, KATHLEEN 4120 CAMELIA DRIVE SPRING HILL FL 34607	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	BISHOP, GERRIE 20 N MAIN STREET, ROOM 350 BROOKSVILLE FL 34601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HINTON, NIKI 4371 HUNTERS PASS BROOKSVILLE FL 34609	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	MICHAEL LETTS 18900 CORTEZ BLVD. BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* DATE: *4/1/03* DAYTIME PHONE #: *352-764492*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (10/02)