

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90164 039 ****61.25

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| DOCUMENT # N98000006127 | | | | | |
| 1. Entity Name THE ENRICHMENT CENTERS INC. OF HERNANDO COUNTY | | | | | |
| Principal Place of Business 11375 CORTEZ BLVD SPRING HILL, FL 34613 | | | Mailing Address 11375 CORTEZ BLVD SPRING HILL, FL 34613 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3554485 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HILL, CHARLES 14345 MISSOURI SKYLARK RD. BROOKSVILLE, FL 34614 | | | 7. Name and Address of New Registered Agent Name Debbie Walker - Druzick Street Address (P.O. Box Number is Not Acceptable) 7317 BERWICK WAY City BROOKSVILLE FL Zip Code 34603 | | |
| 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 <i>Deborah L. Walker-Druzick</i> <i>Deborah L. Walker-Druzick</i> <i>6 March 06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing <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 PD NAME MORANA, NICK STREET ADDRESS 4257 DRUMMOND DR CITY-ST-ZIP SPRING HILL, FL 34608 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME KELLANO, ARTHUR STREET ADDRESS 6410 LOST TREE LA CITY-ST-ZIP SPRING HILL, FL 34606 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME MOORE, CYNTHIA STREET ADDRESS 620 GARDEN ST CITY-ST-ZIP BROOKSVILLE, FL 34601 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME CAMPBELL, JACKIE STREET ADDRESS 7211 HIAWATHA PKWY CITY-ST-ZIP SPRING HILL, FL 34606 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME BRAWN, RICHARD STREET ADDRESS 2110 ARBUCKLE RD CITY-ST-ZIP SPRING HILL, FL 34608 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME WALKER, DEBBIE STREET ADDRESS 7317 BERWICK WAY CITY-ST-ZIP BROOKSVILLE, FL 34603 | <input type="checkbox"/> Delete | | TITLE NAME WALKER - PRUZICK, DEBBIE STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Deborah L. Walker-Druzick</i> <i>Deborah L. Walker-Druzick</i> <i>6 March 06</i> <i>x 352-597-6331</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |