

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24760

Entity Name: HERNANDO COUNTY EDUCATION DIRECT-SUPPORT ORGANIZATION, INC.**Current Principal Place of Business:**801 NORTH BROAD ST.
BROOKSVILLE, FL 34601**Current Mailing Address:**801 NORTH BROAD ST.
BROOKSVILLE, FL 34601 US**FEI Number: 59-3031959****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HCEF
801 N. BROAD ST
BROOKSVILLE, FL 34601 US*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**Officer/Director Detail :**

Title	PAST PRESIDENT
Name	GUADAGNINO, GUS
Address	1539 FAYETTEVILLE AVE
City-State-Zip:	SPRING HILL FL 34609

Title	VP
Name	GRATTAN, KATHLEEN
Address	4939 FLORAMAR TERRACE
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	TREASURER
Name	BECKER, LISA
Address	919 N. BROAD ST
City-State-Zip:	SPRING HILL FL 34601

Title	PRESIDENT
Name	WARRELL, DEBBYE
Address	8043 WOODEN DR
City-State-Zip:	SPRING HILL FL 34606

Title	SECRETARY
Name	VITALO, JOE
Address	5454 SOUTH BRISTOL TERRACE
City-State-Zip:	INVERNESS FL 34452

Title	EXECUTIVE DIRECTOR
Name	BRINKER, TAMMY J
Address	14260 PULLMAN DR
City-State-Zip:	SPRING HILL FL 34609

Title	PRESIDENT ELECT
Name	SMITTEN, STEVEN
Address	5520 REFLECTIONS BLVD
City-State-Zip:	LUTZ FL 33558

I hereby 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 all other like empowered.

SIGNATURE: TAMMY BRINKER**EXECUTIVE DIRECTOR****05/11/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date