

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90052 035 ****61.25

DOCUMENT # 754029 1. Entity Name SEVEN RIVERS MEDICAL AND EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 6081 W. CARUSO CT. DUNNELLON, FL 34433 US			Mailing Address P. O. BOX 232 CRYSTAL RIVER, FL 34423 US		
2. Principal Place of Business 5552 N. ANDRI DR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State CRYSTAL RIVER, FL		City & State 			
Zip 34428	Country US	Zip 	Country 		
6. Name and Address of Current Registered Agent DEROSA, PETE 6081 W. CARUSO ST. DUNNELLON, FL 34433			7. Name and Address of New Registered Agent Name FANCY TAYLOR Street Address (P.O. Box Number Is Not Acceptable) 5552 N. ANDRI DR. City CRYSTAL RIVER, FL Zip Code 34428		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1-14-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD DEROSA, PETER 6081 WEST CARUSO CT. DUNNELLON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FANCY TAYLOR 5552 N ANDRI DR. CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOMAR, CARSON 1075 N CARNEY LECANTO, FL 344619739	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOYCE BRANCATO 6201 N. SUNCOAST BLVD CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVEY, PATTY 1502 SE HWY 19 CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVEY, PATTY 1502 SE HWY 19 CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORENTZ, TERESA 2151 N. FATIMA AVE HERNANDO, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOOK, DON 825 N. POMEROY AVE CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	see attached sheet for rest.	<input type="checkbox"/> Change <input 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: DON SHOOK <small>Signature and typed or printed name of signing officer or director</small>			Date 1/12/05 Daytime Phone # 352-795-0872		

ATTACHMENT

SEVEN RIVERS MEDICAL & EDUCATION FOUNDATION

"ADDITIONAL OFFICERS AND DIRECTORS"

D
BUNTS, FRED
7824 W. WALDRON CT
DUNNELLON, FL 34442

ADDITION

40002566
754029

D
STACKLIN, LIZ
244 PALM ST
INGLIS, FL 34449

ADDITION

D
ORGE, LOUISE
8371 W. DIXIE COURT
HOMOSASSA, FL 34448

ADDITION

D
GANT, ALICE
8904 W. FOREST VIEW DR
HOMOSASSA, FL 34448

ADDITION