

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754029

FILED
Mar 24, 2009
Secretary of State

Entity Name: SEVEN RIVERS MEDICAL AND EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

6201 N. SUNCAST BLVD
CRYSTAL RIVER, FL 34428 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 232
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 59-2074329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STACKLIN, LIZ
244 PALM STREET
INGLIS, FL 34449 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: P () Delete
Name: CWIK, GREG
Address: 6 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446

Title: V () Delete
Name: SCHEMPF, COREEN
Address: 3790 W. GERALDINE DR
City-St-Zip: CITRUS SPRINGS, FL 34433

Title: S () Delete
Name: GUTHAS, CHARLENE
Address: 8765 N. STARBLAZES DR
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: T () Delete
Name: COOPER, RONALD
Address: 94 WINDING RIVER LN, PO BOX 1290
City-St-Zip: INGLIS, FL 34449

Title: D () Delete
Name: COOPER, JACKI
Address: 94 WINDING RIVER LN, P.O. 1290
City-St-Zip: INGLIS, FL 34449

Title: D () Delete
Name: STACKLIN, LIZ
Address: 244 PALM ST
City-St-Zip: INGLIS, FL 34449

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RONALD C. COOPER

T

03/24/2009

Electronic Signature of Signing Officer or Director

Date