

# 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  
Name:  
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