

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754029

FILED
Feb 21, 2010
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
Name: COLSON, MARJORIE
Address: 1601 S.E. 8TH AVE., #325
City-St-Zip: CRYSTAL RIVER, FL 34429

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

Title: S
Name: COOPER, JACQUELYN
Address: 94 WINDING RIVER LANE, PO BOX 1290
City-St-Zip: INGLIS, FL 34449

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

Title: D
Name: CWIK, GREG
Address: 6 DEERWOOD DR.
City-St-Zip: HOMOSASSA, FL 34446

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

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: RONALD COOPER

TREA

02/21/2010

Electronic Signature of Signing Officer or Director

Date