2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009839

1. Entity Name
HERNANDO COUNTY COMMUNITY ANTI-DRUG COALITION CORP.

FILED
05 AUG -4 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
HERNANDO COUNTY SCHOOL BD ROOM 919 N. BROAD STREET BROOKSVILLE, FL 34601	919 N. BROAD STREET BROOKSVILLE, FL 34601

07292005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
20-0450051
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORSKI, TERENCE T
6147 DELTONA BLVD
SPRING HILL, FL 34606

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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 Terence T. Gorski 8/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	FERGUSON-SMITH, JANICE
STREET ADDRESS	919 N. BROAD STREET
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	C
NAME	GORSKI, TERENCE T
STREET ADDRESS	6147 DELTONA BLVD
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	VC
NAME	LAVORE, SHALENE
STREET ADDRESS	919 N. BROAD STREET
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/04/05--01004--012 **61.25

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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: