

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-06-2005 90105 031 60.25  
N04000004253

<b>DOCUMENT # N04000004253</b>	
1. Entity Name <b>NATURE COAST COMMUNITY HEALTH CENTER, INC.</b>	



Principal Place of Business <b>300 SOUTH MAIN STREET BROOKSVILLE, FL 34601</b>	Mailing Address <b>300 SOUTH MAIN STREET BROOKSVILLE, FL 34601</b>
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FILED  
05 MAY 25 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**50050520**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>51-0512308</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CALLAGHAN, ELIZABETH A 300 SOUTH MAIN STREET BROOKSVILLE, FL 34601</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	C WORLEY, DARLENE 14540 CORTEZ BOULEVARD, SUITE 204 BROOKSVILLE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>191 E. Jefferson Street Brooksville, FL 34601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FRAZIER, BRENDA 20 NORTH MAIN STREET, SUITE 461 BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL, DEBBIE 621 WEST JEFFERSON BROOKSVILLE, FL 34601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACK, VIENNESSE P.O. BOX 5481 SPRING HILL, FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<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: *Darlene R. Worley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

352-540-6814

Date

Daytime Phone #