

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007880

FILED
Mar 28, 2007
Secretary of State

Entity Name: POCC FOUNDATION, INC

Current Principal Place of Business:

38156 MEDICAL CENTER DRIVE
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

38156 MEDICAL CENTER DRIVE
ZEPHYRHILLS, FL 33540

New Mailing Address:

PO BOX 1807
ZEPHYRHILLS, FL 33539

FEI Number: 42-1714126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLYFIED, W.G. DR
35614 WELBY CT
ZEPHYRHILLS, FL 335419135 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: FC () Delete
Name: HASHMI, HASAN DR
Address: 38156 MEDICAL CENTER DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: FA () Delete
Name: HOLLYFIELD, W.G. DR
Address: 35614 WELBY CT
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: T () Delete
Name: HASHMI, SULEMAN
Address: 38156 MEDICAL CENTER DRIVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: T () Delete
Name: ALFONSO, DENNIS P.A.
Address: PO BOX 4
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: GREENFELDER, GLEN P.A.
Address: 14217 3RD ST
City-St-Zip: DADE CITY, FL 33523

Title: T () Delete
Name: FELD, HARVEY DR
Address: 16111 ANCROFT CT
City-St-Zip: TAMPA, FL 33647

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 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: SULEMAN HASHMI

T

03/28/2007

Electronic Signature of Signing Officer or Director

Date