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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State
06-12-2007 90110 016 ****70.00

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DOCUMENT # N06000008093

1. Entity Name
HERNANDO EMERGENCY RECOVERY COUNCIL, INC.

04252007 Chg-NP CR2E037 (12/06)

Principal Place of Business	Mailing Address
12435 CORTEZ BOULEVARD C/O MORRIS PORTON BROOKSVILLE, FL 34613 US	12435 CORTEZ BOULEVARD C/O MORRIS PORTON BROOKSVILLE, FL 34613 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2318 EVENGLOW AVE	2318 EVENGLOW AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL FL	City & State: SPRING HILL FL
Zip: 34609 Country: US	Zip: 34609 Country: US

4. FEI Number: 20-5414306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PORTON, MORRIS 12435 CORTEZ BOULEVARD BROOKSVILLE, FL 34613	Name: PORTON, MORRIS Street Address (P.O. Box Number is Not Acceptable): 2318 EVENGLOW AVE City: SPRING HILL FL Zip Code: 34609

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	D KANNER, ROBERT G 8045 JASBOW JUNCTION WEEKI WACHEE, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SAM SHRIEVES 12339 FILLMORE ST SPRING HILL FL 34609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PORTON, MORRIS 2318 EVENGLOW AVENUE SPRING HILL, FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOCK, RUTH 7080 RIVER RUN BOULEVARD WEEKI WACHEE, FL 34607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X Morris Porton X 6/1/07 352-584-6680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #