

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N18389		
1. Entity Name HERNANDO HEALTHCARE FOUNDATION, INC.		
Principal Place of Business 18 NO. BROAD ST. BROOKSVILLE, FL 34601	Mailing Address 18 NO. BROAD ST. BROOKSVILLE, FL 34601	



04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2756094	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GARY, MARY BETH 18 N BROAD ST BROOKSVILLE, FL 34601	DO NOT WRITE IN THIS SPACE
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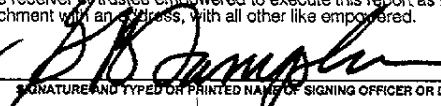
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		U00000550104 05/13/06-80048-010 61.25 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V C TAGLIAMONTE, VINCE 12383 MAYBERRY ROAD SPRINGHILL, FL 34609	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSES, JANET 8221 PAGODA DRIVE SPRING HILL, FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCAMILLA, BETTY 204 SUNSET DRIVE BROOKSVILLE, FL 34601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D MCATEER, DERRILL 9025 CITRUS WAY BROOKSVILLE, FL 34601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAMPLES, GAIL 437 BELL AVENUE BROOKSVILLE, FL 34601	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, EULA B 209 GALAXY AVE. SPRING HILL, FL 34606	

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:  **4/26/06** **352-796-4204**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #