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	Mailing Address
18 NO. BROAD ST. BROOKSVILLE, FL 34601	18 NO. BROAD ST. BROOKSVILLE, FL 34601

04202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2756094
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARY, MARY BETH
18 N BROAD ST
BROOKSVILLE, FL 34601

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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 _____
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 May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D/VC
NAME	TAGLIAMONTE, VINCE
STREET ADDRESS	12383 MAYBERRY ROAD
CITY-ST-ZIP	SPRINGHILL, FL 34609
TITLE	D
NAME	MOSES, JANET
STREET ADDRESS	8221 PAGODA DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	ESCAMILLA, BETTY
STREET ADDRESS	204 SUNSET DRIVE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	C/D
NAME	MCATEER, DERRILL
STREET ADDRESS	9025 CITRUS WAY
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	STD
NAME	SAMPLES, GAIL
STREET ADDRESS	437 BELL AVENUE
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	D
NAME	WADE, EULA B
STREET ADDRESS	209 GALAXY AVE.
CITY-ST-ZIP	SPRING HILL, FL 34606

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05/13/06-80048-010 61.25

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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: D B Samples 4/26/06 352-796-4204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #