2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State
03-09-2007 90003 035 ****61.25

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

02012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
GARY, MARY BETH 18 N BROAD ST BROOKSVILLE, FL 34601	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ 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/VC TAGLIAMONTE, VINCE 12383 MAYBERRY ROAD SPRINGHILL, FL 34609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C HOGAN, THOMAS S. 22331 POWELL RD BROOKSVILLE FL 34602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSES, JANET 8221 PAGODA DRIVE SPRING HILL, FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T EMERSON, STEVE PO BOX 156 BROOKSVILLE FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCAMILLA, BETTY 204 SUNSET DRIVE BROOKSVILLE, FL 34601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YUNGMANN, BONNIE 10021 WEEKS DR BROOKSVILLE FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D MCATEER, DERRILL 9025 CITRUS WAY BROOKSVILLE, FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCATEER, DERRILL 9025 CITRUS WAY BROOKSVILLE FL 34601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SAMPLES, GAIL 437 BELL AVENUE BROOKSVILLE, FL 34601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S SAMPLES, GAIL 437 BELL AVE BROOKSVILLE FL 34601	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADE, EULA B 209 GALAXY AVE. SPRING HILL, FL 34606	☐ 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: _____ 2/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #