

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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



01092008 No Chg-NP CR2E037 (4/06)

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HOGAN, THOMAS A 22331 POWELL RD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSES, JANET 8221 PAGODA DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EMERSON, STEVE PO BOX 156 BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCATEER, DERRILL 9025 CITRUS WAY BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS 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

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05/27/08-80057-008 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/25/08 ✓ 3527545640
Date Daytime Phone #