2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N18389

Entity Name: HERNANDO HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

18 NO. BROAD ST.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

18 NO. BROAD ST.
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-2756094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	HOGAN, THOMAS A	
Address:	22331 POWELL RD	
City-St-Zip:	BROOKSVILLE, FL 34602	
Title:	D	( ) Delete
Name:	MOSES, JANET	
Address:	8221 PAGODA DRIVE	
City-St-Zip:	SPRING HILL, FL 34606	
Title:	DT	( ) Delete
Name:	EMERSON, STEVE	
Address:	PO BOX 156	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	D	( ) Delete
Name:	MCATEER, DERRILL	
Address:	9025 CITRUS WAY	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	DS	(X) Delete
Name:	SAMPLES, GAIL	
Address:	437 BELL AVENUE	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	D	(X) Delete
Name:	WADE, EULA B	
Address:	209 GALAXY AVE.	
City-St-Zip:	SPRING HILL, FL 34606	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	EMERSON, STEVE	
Address:	22950 JACOBSEN ROAD	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	D	(X) Change ( ) Addition
Name:	MCATEER, DERRILL	
Address:	9025 CITRUS WAY	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	DS	(X) Change ( ) Addition
Name:	SAMPLES, GAIL	
Address:	437 BELL AVENUE	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE EMERSON DT 04/02/2009
Electronic Signature of Signing Officer or Director — Date