

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24760

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** HERNANDO COUNTY EDUCATION DIRECT-SUPPORT ORGANIZATION, INC.

**Current Principal Place of Business:**

919 N. BROAD ST.  
BROOKSVILLE, FL 34601 US

**New Principal Place of Business:**

**Current Mailing Address:**

919 N. BROAD ST.  
BROOKSVILLE, FL 34601 US

**New Mailing Address:**

**FEI Number:** 59-3031959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GUADAGNINO, GUS A PRES  
16230 AVIATION LOOP LANE  
BROOKSVILLE, FL 34609 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: PRES ( ) Delete  
Name: GUADAGNINO, GUS  
Address: 16230 AVIATION LOOP LANE  
City-St-Zip: BROOKSVILLE, FL 34609 US

Title: D ( ) Delete  
Name: DECKER, ROYCE  
Address: P.O. BOX 10070  
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: D ( ) Delete  
Name: JACKSON, LORRIE  
Address: 1300 PINEHURST DR  
City-St-Zip: SPRINGHILL, FL 34606 US

Title: D (X) Delete  
Name: PORTON, MORRIS  
Address: 12435 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: EX D ( ) Delete  
Name: REITZ, KATHLEEN J  
Address: 11389 SHEFFIELD ROAD  
City-St-Zip: SPRING HILL, FL 34608 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 1VP (X) Change ( ) Addition  
Name: DECKER, ROYCE  
Address: P.O. BOX 10070  
City-St-Zip: BROOKSVILLE, FL 34603 US

Title: 2VP (X) Change ( ) Addition  
Name: BAINUM, LORI  
Address: 15365 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 US

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 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: KATHLEEN J. REITZ

EXD

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date