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**APPROVED
AND
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95 MAR -2 PM 3:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28596 (7)
1. Corporation Name
**HERNANDO COUNTY CHILD ABUSE PREVENTION BOARD, IN
C.**

Principal Place of Business	Mailing Address
% KATHLEEN GRABER 4040 COMMERCIAL WAY UNIT 16 SPRING HILL FL 34606 US	% KATHLEEN GRABER 4040 COMMERCIAL WAY UNIT 16 SPRING HILL FL 34606 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/29/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2917123	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 C/O Sue Nicastro Suite, Apt. #, etc. 22 850 St. Francis St. City & State 23 Brooksville, Fl 34601 Zip 34601 Country 24 34601 25 Hernando	26 C/O Sue Nicastro Suite, Apt. #, etc. 27 850 St. Francis St. City & State 28 Brooksville, Fl 34601 Zip 34601 Country 29 34601 30 Hernando

9. Name and Address of Current Registered Agent

**TAYLOR, ROBERT
12203 BONVIEW LANE
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Robert Taylor

SIGNATURE Robert Taylor DATE **Feb. 27, 1995**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent services required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	-EP-
NAME	GRABER, KATHLEEN--
STREET ADDRESS	4040 COMMERCIAL WAY UNIT #16
CITY- ST- ZIP	SPRING HILL FL -----
TITLE	OV
NAME	NICASTRO, SUE
STREET ADDRESS	850 ST FRANCIS ST
CITY- ST- ZIP	BROOKSVILLE FL
TITLE	DT
NAME	TAYLOR, ROBERT
STREET ADDRESS	12203 BONVIEW LANE
CITY- ST- ZIP	SPRING HILL FL
TITLE	SD
NAME	CARMEN, JOANN
STREET ADDRESS	% 651 S BROAD ST HRS
CITY- ST- ZIP	BROOKSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	Delete
1.4 CITY- ST- ZIP	
2.1 TITLE	DIRECTOR - PRESIDENT ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: **Sue Nicastro** Sue Nicastro **2/27/95 (904) 544-6471**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR