CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:18

DOCUMENT # N94000004726 (5)

1. Corporation Name
KID'S CARE FOUNDATION OF HERNANDO COUNTY, INC.

Principal Place of Business	Mailing Address
3387 POINSETTIA DRIVE SPRING HILL FL 34607	3387 POINSETTIA DRIVE SPRING HILL FL 34607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report:
4. FEI Number: 59-3284379 (Applied For / Not Applicable)

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

PIPPENGER, CHRISTINE
3387 POINSETTIA DRIVE
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

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

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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PIPPENGER, CHRISTINE M	1.2 NAME	OAK HILL HOSPITAL	
STREET ADDRESS	3387 POINSETTIA DRIVE	1.3 STREET ADDRESS	Bob Peterson 11375 CORTEZ BLVD	
CITY-ST-ZIP	SPRING HILL FL 34607	1.4 CITY-ST-ZIP	SPRING HILL, FL. 34609	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	TAYLOR, DENNIS	2.2 NAME	SUNBANK AND TRUST CO.	
STREET ADDRESS	7343 ROYAL OAK DRIVE	2.3 STREET ADDRESS	Elaine Perry P.O. BOX 156	
CITY-ST-ZIP	SPRING HILL FL 34607	2.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34605-0156	
TITLE	SD	3.1 TITLE	D	☐ Change ☒ Addition
NAME	STROUD, ANNA M	3.2 NAME	HERNANDO TODAY	
STREET ADDRESS	4643 BRAYTON TERRACE SO	3.3 STREET ADDRESS	Dwayne Chichester 15299 CORTEZ BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34685	3.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601	
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	MARIA DOHERTY	
STREET ADDRESS		4.3 STREET ADDRESS	725 BENTON AVE.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elaine Perry
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING OFFICER OR DIRECTOR
Elaine Perry, Treasurer

5-10-95 (904) 754-5560
Date Daytime Phone #

008503