

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moirham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004726 (5)

1. Corporation Name

KID'S CARE FOUNDATION OF HERNANDO COUNTY, INC.



Principal Place of Business

3387 POINSETTIA DRIVE
SPRING HILL FL 34607

Mailing Address

3387 POINSETTIA DRIVE
SPRING HILL FL 34607

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

PIPPINGER, CHRISTINE
3387 POINSETTIA DRIVE
SPRING HILL FL 34607

3. Date Incorporated or Qualified

09/23/1994

3a. Date of Last Report

06/09/1995

4. FEI Number

59-3284379

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

PIPPINGER, CHRISTINE M

STREET ADDRESS

3387 POINSETTIA DRIVE

CITY - ST - ZIP

SPRING HILL FL 34607

TITLE

TD

☐ DELETE

NAME

PERRY, ELAINE

STREET ADDRESS

P-BOX 156

CITY - ST - ZIP

BROOKSVILLE FL Brooksville, FL 34601

TITLE

SD

☐ DELETE

NAME

STROUD, ANNA M

STREET ADDRESS

4643 BRAYTON TERRACE SO

CITY - ST - ZIP

PALM HARBOR FL 34685

TITLE

D

☒ DELETE

NAME

PETERSON, BOB

STREET ADDRESS

11376 CORTEZ BLVD

CITY - ST - ZIP

SPRING HILL FL

TITLE

D

☒ DELETE

NAME

CHICHESTER, DWAYNE

STREET ADDRESS

15299 CORTEZ BLVD

CITY - ST - ZIP

BROOKSVILLE FL

TITLE

D

☐ DELETE

NAME

DOHERTY, MARIA

STREET ADDRESS

725 BENTON AVE

CITY - ST - ZIP

BROOKSVILLE FL

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(352)

754-5560

CR2E037 (12/95)