

FILE NOW: FILING FEE IS \$61.25

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Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 34807**

**3387 POINSETTIA DRIVE
SPRING HILL FL 34807-3422**

3. Date Incorporated or Qualified **09/23/1994** 3a. Date of Last Report **05/01/1996**

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

2. Principal Place of Business 2a. Mailing Address
21 **3479 Crapemyrtle Dr.** 26 **3479 Crapemyrtle Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 ☐ 27 ☐
City & State City & State
23 **Spring Hill, FL** 28 **Spring Hill, FL**
Zip Country Zip Country
24 **34607** 25 ☐ 29 **34607** 30 ☐

9. Name and Address of Current Registered Agent

**PIPPENGER, CHRISTINE
3387 POINSETTIA DRIVE
SPRING HILL FL 34807**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3479 Crapemyrtle Dr.
83
84 City **Spring Hill** FL 85 Zip Code **34607**

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 *Christine Pippenger* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIPPENGER, CHRISTINE M	1.2 NAME	Stephan G. Skapp
STREET ADDRESS	3387 POINSETTIA DRIVE	1.3 STREET ADDRESS	166 Platanus Rd.
CITY-ST-ZIP	SPRING HILL FL 34807	1.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, ELAINE	2.2 NAME	Pippenger, Christine M
STREET ADDRESS	10443 JOYCE DR	2.3 STREET ADDRESS	3479 Crapemyrtle Dr.
CITY-ST-ZIP	BROOKSVILLE FL 34801	2.4 CITY-ST-ZIP	Spring Hill, FL 34607
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROUD, ANNA M	3.2 NAME	Nicastro, Susan C
STREET ADDRESS	4643 BRAYTON TERRACE SO	3.3 STREET ADDRESS	14421 Van G.
CITY-ST-ZIP	PALM HARBOR FL 34885	3.4 CITY-ST-ZIP	Spring Hill FL 34610
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANNI, VINCE	4.2 NAME	
STREET ADDRESS	11375 CORTEZ RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34613	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERACI, TONI	5.2 NAME	200002237952
STREET ADDRESS	7007 GROVE RD	5.3 STREET ADDRESS	-07/15/97--01004--004
CITY-ST-ZIP	BROOKSVILLE FL 34613	5.4 CITY-ST-ZIP	***61.25
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHERTY, MARIA	6.2 NAME	7-14
STREET ADDRESS	725 BENTON AVE	6.3 STREET ADDRESS	JR
CITY-ST-ZIP	BROOKSVILLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 of this report, or on an attachment with an address.

SIGNATURE *Christine Pippenger* 3-21-07 (352) 604-5261

CR2E037 (9/96)