


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90140 027 ****61.25

0070685

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N97000006224

1. Corporation Name

**HERNANDO COUNTY TEEN PREGNANCY PREVENTION TASK F
ORCE, INC.**

Principal Place of Business

P.O. BOX 277
BROOKSVILLE FL 34605

Mailing Address

P.O. BOX 277
BROOKSVILLE FL 34605



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	300 S. MAIN ST.	26	300 S. MAIN ST.	11/04/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3500011	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Brooksville		28 Brooksville, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 FL		29 34601		30 HERNANDO	

9. Name and Address of Current Registered Agent

JONES, JAMES R
7141 MARINER BLVD.
SPRING HILL FL 34609

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C MARTIN, HARRIET B	1.2 NAME	D Soliman, Maureen
STREET ADDRESS	33515 WESTWOOD DRIVE	1.3 STREET ADDRESS	7533 Jomel Drive
CITY-ST-ZIP	RIDGE MANOR FL 33525	1.4 CITY-ST-ZIP	Spring Hill, FL 34607
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BROWN, RUTH	2.2 NAME	T PURDY, MARGARET
STREET ADDRESS	29249 WILPAYNE ROAD	2.3 STREET ADDRESS	8056 Wysocki Ct
CITY-ST-ZIP	BROOKSVILLE FL 34602	2.4 CITY-ST-ZIP	Spring Hill, FL 34606
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DICKINSON, SHALENA	3.2 NAME	
STREET ADDRESS	38 SHADY OAKS VILLA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D EMMERMAN, ROBIN	4.2 NAME	
STREET ADDRESS	9238 Long Lake Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	Brooksville, FL 34613	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D EBERT, SANDY	5.2 NAME	
STREET ADDRESS	5142 Harbinger Rd	5.3 STREET ADDRESS	
CITY-ST-ZIP	Spring Hill, FL 34608	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/10/99 (352)754-4067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (1/98)