

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006224

1. Entity Name
**HERNANDO COUNTY TEEN PREGNANCY PREVENTION
TASK FORCE, INC.**



Principal Place of Business
**300 S MAIN ST
BROOKSVILLE, FL 34601**

Mailing Address
**300 S MAIN ST
BROOKSVILLE, FL 34601**



03232004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3500011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MERRITT, DANIEL B JR
224 N BROAD STREET
BROOKSVILLE, FL 34601**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000104122
04/05/04-80085-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, HARRIET B 33515 WESTWOOD DRIVE RIDGE MANOR, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BENEDETT, MARY H 300 S. MAIN ST BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PURDY, MARGARET 8056 WYSOCKI CT SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EMMERMAN, ROBIN 9238 LONG LAKE AVE BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMILTON, DAVID 8447 HILLCREST DRIVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harriet B. Martin HARRIET B. MARTIN 4/1/04 (352) 754-4067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #