2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2006 8:00 am Secretary of State

DOCUMENT # N9700006224 1. Entity Name HERNANDO COUNTY TEEN PREGNANCY PREVENTION TASK FORCE, INC.							03-06-2006 90009 022 ****61.25					
300 S MAIN ST 300 S			ng Address) S MAIN ST OOKSVILLE, FL 34601				. 40	ATAO	•			
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2. Principal Place of Business 3. M		3. Mailir	. Mailing Address				1 14 4 14 1 8 1 4	I I BIUI I BBIT BBIIL I	\$ 4 4	I BERLIN BIILO ILBAN KAN NIN	IIIBI ULTUUL	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				03022006	Chg-NP	C	R2E037 (11/05)		
City & State		City	City & State				4. FEI Numbe 59-350			 	plied For	
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Des	ired [\$8.75 Add	litional	
	6. Name and Address of Current	t Registered	J Agent			l	7. Name and	Address of	New Regis	<u> </u>		
					Name MERRITT DANIEL R JR							
MERRITT, DANIEL B JR 224 N BROAD STREET					Street A	ddress (F	P.O. Box Number	er s Not Acce	ptable)			
BROOKSV	'ILLE, FL 34601					. 	1010	FUAD				
\$					City	City Brooksulwe FL Zipcode 601						
	named entity submits this statement for	or the purpo	se of changing its	register	ed office or				e of Florida	. I am familiar with,	and accept	
the obligati	ions of registered agent.											
SIGNATURE .												
	Signature, typed or printed name of registered agen	t and title II appli	cable. (NOTE	: Registere	d Agent signati	ure required	when reinstating)			DATE		
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2006	and title II appli	9. Election Can Trust Fund C	npaign F	inancing	ire required	\$5.00 May E	Be		check payable to Department of St		
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12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/06 (352)540-6887