

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2007 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



02152007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3500011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERRITT, DANIEL B JR
297 N BROAD ST
BROOKSVILLE, FL 34601

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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 _____
Signature, typewritten or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	MARTIN, HARRIET B
STREET ADDRESS	38515 WEST WOOD DR
CITY-STATE-ZIP	DADE CITY, FL 33523
TITLE	T
NAME	PURDY, MARGARET
STREET ADDRESS	8056 WYSOCKI CT
CITY-STATE-ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	EMMERMAN, ROBIN
STREET ADDRESS	9238 LONG LAKE AVE
CITY-STATE-ZIP	BROOKSVILLE, FL 34613
TITLE	D
NAME	HAMILTON, DAVID
STREET ADDRESS	8447 HILLCREST DRIVE
CITY-STATE-ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/06/07-80029-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: *Harriet B Martin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07 (352) 540-6800
Date Daytime Phone #