

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 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



03282008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**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

Signature, typed 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, 2008**

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- ST- ZIP	DADE CITY, FL 33523
TITLE	T
NAME	PURDY, MARGARET
STREET ADDRESS	8056 WYSOCKI CT
CITY- ST- ZIP	SPRING HILL, FL 34606
TITLE	D
NAME	EMMERMAN, ROBIN
STREET ADDRESS	9238 LONG LAKE AVE
CITY- ST- ZIP	BROOKSVILLE, FL 34613
TITLE	D
NAME	HAMILTON, DAVID
STREET ADDRESS	8447 HILLCREST DRIVE
CITY- ST- ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000897872  
04/25/08-80066-007 61.25

**DO NOT WRITE  
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

4/14/08 (352) 540-6837  
Date Daytime Phone #