

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90375 020 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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] **HARRIET B. MARTIN**

4/14/03 13520764-4067

CR2E037 (10/02)