


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007220

1. Corporation Name

FOSTER CARE REVIEW BOARD OF HERNANDO COUNTY, INC

Principal Place of Business

20 NORTH MAIN STREET
BROOKSVILLE FL 34601

Mailing Address

20 NORTH MAIN STREET
BROOKSVILLE FL 34601

319098 - 90040 - 42



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3483398	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

SPARDO, ROBERT A
20 NORTH MAIN STREET
BROOKSVILLE FL 34601

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	1.1 TITLE	
NAME	KIRWAN, RICHARD	1.2 NAME	Karl Baldner
STREET ADDRESS	1111 MAIN STREET	1.3 STREET ADDRESS	11331 Ponce de Leon Blvd.
CITY-ST-ZIP	BROOKSVILLE FL 34601	1.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	D	2.1 TITLE	
NAME	NICOLAI, KAREN A	2.2 NAME	Sharon Taylor, Esq.
STREET ADDRESS	20 NORTH MAIN STREET	2.3 STREET ADDRESS	P.O. Box 1032
CITY-ST-ZIP	BROOKSVILLE FL 34601	2.4 CITY-ST-ZIP	Brooksville, FL 34605
TITLE	D	3.1 TITLE	
NAME	RIZWAN, QUEWAHI	3.2 NAME	Donald Shields
STREET ADDRESS	2142 COTTONDALE AVE	3.3 STREET ADDRESS	18900 Corteze Blvd.
CITY-ST-ZIP	SPRING HILL FL 34608	3.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (1/198)