

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003107

FILED
Mar 21, 2009
Secretary of State

Entity Name: HUMAN RIGHTS COALITION OF HERNANDO COUNTY, INC.

Current Principal Place of Business:

3418 KNOTTY OAKS CIRCLE
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

3418 KNOTTY OAKS CIRCLE
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 59-3571134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARIO, JEFFREY P P A
12435 CORTEZ BLVD.
SUITE 201
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: DRY, WALTER L
Address: 3418 KNOTTY OAKS CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: DVC () Delete
Name: MORANA, NICHOLAS
Address: 4257 DRUMMOND AVENUE
City-St-Zip: SPRING HILL, FL 34608

Title: DS () Delete
Name: SOTO, JEANETTE R
Address: 122 DOLLY DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: DT () Delete
Name: COVERT, HAROLD W
Address: 4453 PLUMOSA DRIVE
City-St-Zip: SPRING HILL, FL 34606

Title: D () Delete
Name: CHICHESTER, DUANE L
Address: 15299 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34603

Title: D () Delete
Name: CARIO, JEFFREY P
Address: 12435 CORTEZ BLVD., SUITE 201
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER L. DRY

DC

03/21/2009

Electronic Signature of Signing Officer or Director

Date