

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90019 025 \*\*\*\*61.25

<b>DOCUMENT # N98000005579</b> 1. Entity Name <b>HERNANDO COUNTY VISITATION CENTER, INC.</b>					
Principal Place of Business 275 OAK STREET BROOKSVILLE, FL 34601			Mailing Address 275 OAK STREET 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	4. FEI Number <b>59-3535583</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CLAIBORNE, MARIAN</b> <b>275 OAK STREET</b> <b>BROOKSVILLE, FL 34601</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NICOLAI, KAREN</b>		NAME		
STREET ADDRESS	<b>20 N MAIN STREET, ROOM 130</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LONERGAN, KATHLEEN</b>		NAME		
STREET ADDRESS	<b>4120 CAMELIA DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRING HILL, FL 34607</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BISHOP, GERRIE</b>		NAME		
STREET ADDRESS	<b>20 N MAIN STREET, ROOM 350</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HINTON, NIKI</b>		NAME		
STREET ADDRESS	<b>4371 HUNTERS PASS</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34609</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LETTS, MEARL</b>		NAME		
STREET ADDRESS	<b>18900 CORTEZ BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BROOKSVILLE, FL 34601</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Perry, Elaine</b>	
STREET ADDRESS			STREET ADDRESS	<b>10210 Trudy Lynn Dr.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Brooksville, FL 34601</b>	
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.					
<b>SIGNATURE:</b> <u>Karen Nicolai</u> <b>Karen Nicolai</b> <u>1/16/04</u> <u>352-754-4206</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					