


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90122 020 \*\*\*\*61.25

<b>DOCUMENT # N98000005579</b> 1. Entity Name <b>HERNANDO COUNTY VISITATION CENTER, INC.</b>					
Principal Place of Business <b>275 OAK STREET BROOKSVILLE, FL 34601</b>			Mailing Address <b>275 OAK STREET BROOKSVILLE, FL 34601</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3535583</b>	
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 275 OAK STREET 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 <u>Mari Claiborne</u> DATE <u>3-3-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICOLAI, KAREN 20 N MAIN STREET, ROOM 130 BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DEE 5041 Gaston St. Spring Hill, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONERGAN, KATHLEEN 4120 CAMELIA DRIVE SPRING HILL, FL 34607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Blue Catie PO Box 10142 Brooksville, FL 34603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BISHOP, GERIE 20 N MAIN STREET, ROOM 350 BROOKSVILLE, FL 34601	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINTON, NIKI 4371 HUNTERS PASS BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETTIS, MEARL 18900 CORTEZ BLVD BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, ELAINE 10210 TRUDY LYNN DR. BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
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> <u>Treasurer</u> <u>3/1/05</u> <u>352-7544206</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50029581



02152005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

FL

3-3-05

Daytime Phone #