

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18389

Entity Name: HERNANDO HEALTHCARE FOUNDATION, INC.**Current Principal Place of Business:**18 NO. BROAD ST.
BROOKSVILLE, FL 34601**Current Mailing Address:**18 NO. BROAD ST.
BROOKSVILLE, FL 34601**FEI Number:** 59-2756094**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARY, MARY BETH
18 N BROAD ST
BROOKSVILLE, FL 34601 US*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**Officer/Director Detail :**

Title	TREASURER
Name	EPPLEY, KENT
Address	111 N MAIN ST
City-State-Zip:	BROOKSVILLE FL 34601

Title	PRESIDENT
Name	EMERSON, STEVE
Address	22950 JACOBSEN ROAD
City-State-Zip:	BROOKSVILLE FL 34601

Title	DIRECTOR
Name	SAMPLES, GAIL
Address	437 BELL AVE
City-State-Zip:	BROOKSVILLE FL 34601

Title	SECRETARY
Name	WHEELLES, RON
Address	19496 CORTEZ BLVD
City-State-Zip:	BROOKSVILLE FL 34601

I hereby 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 all other like empowered.

SIGNATURE: KENT EPPLEY

TREASURER

04/25/2019

Electronic Signature of Signing Officer/Director Detail_____
Date