

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000012807

**Entity Name:** (H)OURS COUNT, INCORPORATED

**Current Principal Place of Business:**

11380 KNUCKEY ROAD  
WEEKI WACHEE, FL 34614

**Current Mailing Address:**

11380 KNUCKEY ROAD  
WEEKI WACHEE, FL 34614 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCLEOD, ELIZABETH S  
11380 KNUCKEY ROAD  
WEEKI WACHEE, FL 34614 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 D/P  
Name MCLEOD, ELIZABETH S  
Address 11380 KNUCKEY ROAD  
City-State-Zip: WEEKI WACHEE FL 34614

Title VP  
Name REZA, MARIA R  
Address 4420 CORTEZ BLVD.  
City-State-Zip: WEEKI WACHEE FL 34607

Title D  
Name COYLE HILLES, MARY J  
Address 14452 SURREY BEND  
City-State-Zip: BROOKSVILLE FL 34609

Title T  
Name RUGGIERO, JEFFREY A  
Address 4420 CORTEZ BLVD.  
City-State-Zip: WEEKI WACHEE FL 34607

Title D  
Name FOSTER, GEORGE K  
Address 4400 BENVIEW AVE.  
City-State-Zip: WEEKI WACHEE FL 34607

Title S  
Name TAMMY, LYALL L  
Address 13392 COOPER ROAD  
City-State-Zip: SPRING HILL FL 34609

*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:** ELIZABETH S. MCLEOD

**PRESIDENT**

**03/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date