

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002660

FILED
Apr 07, 2005
Secretary of State

Entity Name: HIDDEN POTENTIALS, INC.

Current Principal Place of Business:

5650 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

5650 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-3384483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLINTON, KATHERINE E
5650 S. WASHINGTON AVE.
TITUSVILLE, FL 32780 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: PCEO () Delete
Name: CLINTON, KATHERINE E
Address: 353 BIRCH ST
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: CLINTON, KATHERINE E
Address: 353 BIRCH ST
City-St-Zip: TITUSVILLE, FL 32780

Title: VD () Delete
Name: KEMMLER, LISA
Address: 6485 ABERDEEN AVENUE
City-St-Zip: COCOA, FL 32927

Title: SD () Delete
Name: LEMIRE, KATHERINE
Address: 1442 CREST DR
City-St-Zip: TITUSVILLE, FL 32780

Title: TD () Delete
Name: NEAL, MICHELLE L
Address: 4010 FOX LAKE RD
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: ALLAWAS, MERYL L
Address: 6191 N. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

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: SD (X) Change () Addition
Name: WOLTMAN, JOBIE
Address: 5160 EDISON STREET
City-St-Zip: COCOA, FL 32927

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 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 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: KATHERINE E CLINTON

PCEO

04/07/2005

Electronic Signature of Signing Officer or Director

Date