

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714352

FILED
Mar 30, 2009
Secretary of State

Entity Name: HILLCREST-HAMPTON HOUSE, INC.

Current Principal Place of Business:

2168 TORTOISE SHELL DRIVE
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

2168 TORTOISE SHELL DRIVE
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-1218524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVERS, CHARLES JR
2168 TORTOISE SHELL DRIVE
MAITLAND, FL 32751 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: PD () Delete
Name: EVERS, CHARLES JR
Address: 2168 TORTOISE SHELL DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: GRAY, SHELLEY
Address: 1226 TURNER ROAD
City-St-Zip: WINTER PARK, FL 32789 US

Title: SD () Delete
Name: SWALLOW, NATALIE D
Address: 165 EAST SUNSET STREET
City-St-Zip: GROVELAND, FL 34736

Title: VPD () Delete
Name: MCDONALD, ANDY
Address: 3613 N WESTMORELAND
City-St-Zip: ORLANDO, FL 32804

Title: D (X) Delete
Name: ROADMAN, JOHN
Address: 2346 ROXBURY ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Delete
Name: RIESEN, DON
Address: 1840 BARTON STREET
City-St-Zip: LONGWOOD, FL 32750

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: () Change () Addition
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Address:
City-St-Zip:

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 exemption stated in Chapter 119, 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: CHARLES EVERS, JR

PD

03/30/2009

Electronic Signature of Signing Officer or Director

Date