

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 750327 (9)

1. Corporation Name
HOFFMAN FOUNDATION, INC.



Principal Place of Business 2020 CLUBHOUSE DR P O BOX 5560 SUN CITY FL 33571 US	Mailing Address 2020 CLUBHOUSE DR P O BOX 5560 SUN CITY CENTER FL 33571 US
---	--

3. Date Incorporated or Qualified 12/20/1979	
4. FEI Number 59-2003369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HOFFMAN, ALFRED JR.
2020 CLUB HOUSE DR
SUN CITY CENTER FL 33571**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HOFFMAN, MELISSA		1.2 NAME	
STREET ADDRESS 2020 CLUBHOUSE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HOFFMAN, ALFRED JR		2.2 NAME	
STREET ADDRESS 2020 CLUB HOUSE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MITCHELL, STEVE		3.2 NAME	
STREET ADDRESS 1 TAMPA CITY CTR BLD2100		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HOFFMAN, ELISABETH		4.2 NAME	
STREET ADDRESS 2020 CLUBHOUSE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HOFFMAN, MATTHEW P		5.2 NAME	
STREET ADDRESS 2020 CLUBHOUSE DR		5.3 STREET ADDRESS	
CITY-ST-ZIP SUN CITY CENTER FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplementary annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **ALFRED HOFFMAN, JR.** 1/11/98

CR2E037 (10/97)