

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 750327

1. Entity Name
HOFFMAN FOUNDATION, INC.



Principal Place of Business
**11200 LONGWATER CHASE CT
FT MYERS, FL 33908 US**

Mailing Address
**11200 LONGWATER CHASE CT
FT MYERS, FL 33908 US**



01222007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2003369

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOFFMAN, ALFRED JR.
11200 LONGWATER CHASE CT
FORT MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOFFMAN, ALFRED JR
STREET ADDRESS 11200 LONGWATER CHASE CT.
CITY - ST - ZIP FORT MYERS, FL 33908

TITLE D
NAME MITCHELL, STEVE
STREET ADDRESS ONE TAMPA CENTER STE 2100
CITY - ST - ZIP TAMPA, FL 33602

TITLE D
NAME HOFFMAN, ELISABETH
STREET ADDRESS 40 TWIN PONDS DRIVE
CITY - ST - ZIP FALMOUTH, ME 04105

TITLE D
NAME HOFFMAN, MATTHEW P
STREET ADDRESS 2904 BAYVISTA AVE
CITY - ST - ZIP TAMPA, FL 33611

TITLE VD
NAME HOFFMAN, DAWN D
STREET ADDRESS 11200 LONGWATER CHASE CT
CITY - ST - ZIP FORT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000691957
04/13/07-80032-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07
Date

239-461-5111
Daytime Phone #