

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750327

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: HOFFMAN FOUNDATION, INC.

**Current Principal Place of Business:**

11200 LONGWATER CHASE CT  
FT MYERS, FL 33908 US

**New Principal Place of Business:**

**Current Mailing Address:**

11200 LONGWATER CHASE CT  
FT MYERS, FL 33908 US

**New Mailing Address:**

FEI Number: 59-2003369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOFFMAN, ALFRED JR.  
11200 LONGWATER CHASE CT  
FORT MYERS, FL 33908 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: HOFFMAN, ALFRED JR.  
Address: 11200 LONGWATER CHASE CT.  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: MITCHELL, STEVE,  
Address: ONE TAMPA CENTER STE 2100  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: HOFFMAN, ELISABETH  
Address: 40 TWIN PONDS DRIVE  
City-St-Zip: FALMOUTH, ME 04105

Title: D ( ) Delete  
Name: HOFFMAN, MATTHEW P  
Address: 2904 BAYVISTA AVE  
City-St-Zip: TAMPA, FL 33611

Title: VD ( ) Delete  
Name: HOFFMAN, DAWN D  
Address: 11200 LONGWATER CHASE CT  
City-St-Zip: FORT MYERS, FL 33908

**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  
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: ALFRED HOFFMAN, JR.

PRES

01/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date