

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 757967

1. Entity Name

FLORIDA CLOGGING COUNCIL, INC.



**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

2265 SE CHRISTOPHER LN  
VERO BEACH FL 32963  
US

Mailing Address

2265 SE CHRISTOPHER LN  
VERO BEACH FL 32963  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOCKENHULL, MARGARET  
2265 ST CHRISTOPHER LANE  
VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PD ☐ Delete  
NAME: HOCKENHULL, MARGARET  
STREET ADDRESS: 2265 ST CHRISTOPHER LANE  
CITY-STATE-ZIP: VERO BEACH FL 32963

TITLE: VD ☐ Delete  
NAME: CONN, DEBBIE  
STREET ADDRESS: 12808 GREYSTONE PL  
CITY-STATE-ZIP: RIVERVIEW FL 33569

TITLE: SD ☐ Delete  
NAME: MELSON, MARY  
STREET ADDRESS: 2295 ALTURAS ROAD  
CITY-STATE-ZIP: BARTOW FL 33830

TITLE: T ☐ Delete  
NAME: ROBERTS, MICHELLE  
STREET ADDRESS: P.O. BOX 364  
CITY-STATE-ZIP: GRANT FL 32949

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
U00000621845  
02/13/07-80002-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Margaret Hockenhull* MARGARET HOCKENHULL 1-2-07 772-234-5162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #