

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757967

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: FLORIDA CLOGGING COUNCIL, INC.

## Current Principal Place of Business:

2265 SE CHRISTOPHER LN  
VERO BEACH, FL 32963 US

## New Principal Place of Business:

2265 ST. CHRISTOPHER LN  
VERO BEACH, FL 32963 US

## Current Mailing Address:

2265 SE CHRISTOPHER LN  
VERO BEACH, FL 32963 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOCKENHULL, MARGARET  
2265 ST CHRISTOPHER LANE  
VERO BEACH, FL 32963 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: HOCKENHULL, MARGARET  
Address: 2265 ST CHRISTOPHER LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: VD ( ) Delete  
Name: CONN, DEBBIE  
Address: 12808 GREYSTONE PL  
City-St-Zip: RIVERVIEW, FL 33569

Title: SD ( ) Delete  
Name: COOK, BARBARA  
Address: 1107 LANDERS ST  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete  
Name: GALLINA, DORLORES  
Address: 7402 LAKE BREEZE DRIVE # 106  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition  
Name: WILLIAMS, DARLENE  
Address: 309 - 8TH ST. NORTH  
City-St-Zip: DUNDEE, FL 33838

Title: T (X) Change ( ) Addition  
Name: COOK, BARBARA  
Address: 1107 LANDERS ST.,  
City-St-Zip: ORMOND BEACH, FL 32174

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: MARGARET HOCKENHULL

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date