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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:50

DOCUMENT # **762088** (3)

1. Corporation Name

THE HAMMOCK WOMEN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
MALA COMPRA ROAD P.O. BOX 841 FLGLER BEACH FL 32136-0841	MALA COMPRA ROAD P.O. BOX 841 FLGLER BEACH FL 32136-0841

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1982
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1926592 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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

SHAFFER, SARAH
15 W. 16TH RD.
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: Janice Hoskins
82 Street Address (P.O. Box Number is Not Acceptable): 1Lantarace Dr.
83: Palm Coast, Fl. 32137
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Janice Hoskins — Janice K Hoskins — 3/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	SHAFFER, SARAH	12 NAME	Janice Hoskins
STREET ADDRESS	15 W 16TH ROAD	13 STREET ADDRESS	i Lantarace Dr.
CITY-ST-ZIP	PALM COAST FL	14 CITY-ST-ZIP	Palm Coast, Fl. 32137
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	HOSKINS, JANICE	22 NAME	Flo Lawson
STREET ADDRESS	1 LANTARACE DR	23 STREET ADDRESS	94 Hernandez Av.
CITY-ST-ZIP	PALM COAST FL 32137	24 CITY-ST-ZIP	Palm Coast, Fl. 32137
TITLE	SD	31 TITLE	SD ☒ Change ☐ Addition
NAME	TREECASE, JANE	32 NAME	Pat Schenck
STREET ADDRESS	4 ST JOHNS AVE.	33 STREET ADDRESS	60 Moosy Dr.
CITY-ST-ZIP	PALM COAST FL 32137	34 CITY-ST-ZIP	Palm Coast, Fl. 32137
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	HUGULEY, FRANCES	42 NAME	Mary Baker
STREET ADDRESS	4 ST JOHNS AVE	43 STREET ADDRESS	14 Carolina Hwy.
CITY-ST-ZIP	PALM COAST FL 32137	44 CITY-ST-ZIP	Palm Coast, Fl. 32137
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	STRAYER, FAYE	52 NAME	Same
STREET ADDRESS	ARMOND BEACH DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☒ Change ☐ Addition
NAME	ROSS, LOIS	62 NAME	Edith Rogers
STREET ADDRESS	1 CAROLINA RD.	63 STREET ADDRESS	7 Seminole Av.
CITY-ST-ZIP	PALM COAST FL	64 CITY-ST-ZIP	Palm Coast, Fl. 32137

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplemental 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: Janice K Hoskins — 3/21/95 — 904 445-3194
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

0021082