FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 02/24/1982
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business	2a. Mailing Address
21 MALACOMPRA RD	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 841
City & State 23 PALM COAST, FL	City & State 28 FLAGLER BEACH, FL
Zip / Country 24 32137 / 25 USA	Zip / Country 29 32136-0841 / 30 USA

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOSKINS, JANICE
1 LANTARACE DR
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: SCHENCK, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable): 60 MOODY DR.
83: PALM COAST, FL ~~32137~~
84 City: FL 85 Zip Code: 32137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Patricia Schenck, President DATE: 2/25/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	HOSKINS, JANICE		1.2 NAME	SCHENCK, PATRICIA	
STREET ADDRESS	1 LANTARACE DR		1.3 STREET ADDRESS	60 MOODY DR	
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	LAWSON, FLO		2.2 NAME	SCHOBER, LORENE	
STREET ADDRESS	94 HERNANDEZ AVE		2.3 STREET ADDRESS	6 SWEETBAY DR.	
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	SD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	SCHENCK, PAT		3.2 NAME	BAKER, MARY	
STREET ADDRESS	60 ~~MOODY~~ DR		3.3 STREET ADDRESS	14 CAROLINA ~~HWY~~ HWY	
CITY-ST-ZIP	PALM COAST FL		3.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	TD	☒ DELETE	4.1 TITLE	~~SD~~ D	☐ Change ☒ Addition
NAME	BAKER, MARY		4.2 NAME	HOSKINS, JANICE	
STREET ADDRESS	14 CAROLINA HWY		4.3 STREET ADDRESS	1 LANTARACE DR	
CITY-ST-ZIP	PALM COAST FL		4.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	STRAYER, FAYE		5.2 NAME	STRAYER, FAYE	
STREET ADDRESS	ARMOND BEACH DRIVE		5.3 STREET ADDRESS	ARMAND BEACH DR	
CITY-ST-ZIP	PALM COAST FL		5.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ROGERS, EDITH		6.2 NAME	SHAFFER, SARAH	
STREET ADDRESS	7 SEMINOLE AV		6.3 STREET ADDRESS	15 W. 16th RD	
CITY-ST-ZIP	PALM COAST FL		6.4 CITY-ST-ZIP	PALM COAST, FL 32137	

CR2E037 (12/95)

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)(k), 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: Patricia Schenck 2/25/96 (904) 446-0044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #