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**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90002 049 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 762088**

1. Corporation Name

**THE HAMMOCK WOMEN'S ASSOCIATION, INC.**

Principal Place of Business

MALACOMBRA RD.  
 P.O. BOX 841  
 PALM COAST FL 32137  
 US

Mailing Address

POB 841  
 FLGLER BEACH FL 32136-0841  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/24/1982

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

9. Name and Address of Current Registered Agent

SCHOBER, LORENE  
 6 SWEETBAY DR  
 PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 *Lorene Schober*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/16/99*  
 DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
 STREET ADDRESS SCHOBER, LORENE  
 CITY-ST-ZIP 6 SWEETBAY DR  
 PALM COAST FL 32137

TITLE ☐ DELETE

NAME SD  
 STREET ADDRESS HERMAN, ALBERTA  
 CITY-ST-ZIP 58 OCEANSIDE DR  
 PALM COAST FL 32137

TITLE ☒ DELETE

NAME TD  
 STREET ADDRESS TRIVETT, FRIEDA  
 CITY-ST-ZIP 25 ARMOND BEACH DR.  
 PALM COAST FL

TITLE ☒ DELETE

NAME D  
 STREET ADDRESS HOSKINS, JANICE  
 CITY-ST-ZIP 1 LANTARACE DR.  
 PALM COAST FL

TITLE ☐ DELETE

NAME D  
 STREET ADDRESS STRAYER, FAYE  
 CITY-ST-ZIP ARMOND BEACH DRIVE  
 PALM COAST FL

TITLE ☐ DELETE

NAME D  
 STREET ADDRESS SHAFFER, SARAH  
 CITY-ST-ZIP 15 W. 16TH RD.  
 PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

*1st name correction only*  
**ROBERTA**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**T.D**  
**LILLIAN G. MINARIK**  
**65 BRISTOL LANE**  
**PALM COAST, FL 32137**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**D**  
**PAT SCHENCK**  
**6 SWEETBAY DRIVE**  
**PALM COAST, FL 32137**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

*Lorene Schober*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/16/99*  
 DATE

Daytime Phone #

CR2E037 (11/98)