

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762088

1. Entity 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
FLAGLER BEACH FL 32136-0841
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1926592

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE LILLIAN G. MINARIK, Treas. Lillian G. Minarik, Treas. Jan. 27, 2001

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SHAFFER, SARA
STREET ADDRESS 15 W. 16TH RD.
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE SD
NAME HERMAN, ROBERTA
STREET ADDRESS 58 OCEANSIDE DR
CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE TD
NAME MINARIK, LILLIAN G
STREET ADDRESS 65 BRISTOL LANE
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE D
NAME SCHENCK, PAT
STREET ADDRESS 6 SWEETBAY DRIVE
CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

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

TITLE D
NAME SCHOBBER, LORENE
STREET ADDRESS 6 SWEETBAY DR.
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Janice Hoskinson
STREET ADDRESS 13 Lantana Drive.
CITY-ST-ZIP Palm Coast, Fl. 32137-2509 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Sandy Raines
STREET ADDRESS 130 Hernandez Ave.
CITY-ST-ZIP Palm Coast, Fl. 32137-2509 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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: LILLIAN G. MINARIK, Treas. Lillian G. Minarik, Treas. 904-446-9598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 01/27/01 Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90171 050 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)