

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762088

1. Entity Name

THE HAMMOCK WOMEN'S ASSOCIATION, INC.

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90031 012 ****61.25

Principal Place of Business

Mailing Address

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

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

4. FEI Number

59-1926592

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Lorene Schober

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

6 Sweetbay Dr.

City

Palm Coast

FL

Zip Code

32137

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

Lorene Schober

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE SD ☐ Delete
NAME HOSKINS, JANICE
STREET ADDRESS 13 LANTARACE DRIVE
CITY-ST-ZIP PALM COAST FL 32137-2509

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

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

TITLE Treasurer ☒ Change ☐ Addition
NAME Diane Upton
STREET ADDRESS 9 Oebra Lane
CITY-ST-ZIP Palm Coast FL 32137

TITLE D ☐ Delete
NAME RAINES, SANDY
STREET ADDRESS 130 HERNANDEZ AVENUE
CITY-ST-ZIP PALM COAST FL 32137-2509

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

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

TITLE Director ☒ Change ☐ Addition
NAME Lillian Minarik
STREET ADDRESS 13 Lantarace Drive
CITY-ST-ZIP Palm Coast FL

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

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

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:

Diane Upton REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/02

CR2E037 (9/01)