


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 762088 1. Entity Name THE HAMMOCK WOMEN'S ASSOCIATION, INC.	
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Principal Place of Business MALACOMPRA RD. PALM COAST, FL 32137 US	Mailing Address PO BOX 841 FLAGLER BEACH, FL 32136-0841 US
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DO NOT WRITE IN THIS SPACE



03142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1926592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**HOSKINS, JANICE
1 LANTARACE DR.
PALM COAST, FL 32137-2607**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Janice K Hoskins* DATE: 3/18/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSKINS, JANICE 1 LANTRANCE ROAD PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UPTON, DIANE 9 DEBRA LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODARD, CAROL 35 OSCEOLA AVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOBBER, LOREEN SWEET BAY DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINARIK, LILLIAN 68 BRISTOL RD PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YATES, MARGIA SOLEE ROAD PALM COAST, FL 32137

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04/10/08-80089-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* DATE: 3/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR