

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762088

FILED
Mar 09, 2009
Secretary of State

Entity Name: THE HAMMOCK WOMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

MALACOMPRA RD.
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 841
FLAGLER BEACH, FL 321360841 US

New Mailing Address:

FEI Number: 59-1926592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSKINS, JANICE
1 LANTARACE DR.
PALM COAST, FL 321372607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOSKINS, JANICE
Address: 1 LANTRANCE ROAD
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: UPTON, DIANE
Address: 9 DEBRA LANE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: WOODARD, CAROL
Address: 35 OSCEOLA AVE
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: SCHOBBER, LOREEN
Address: SWEET BAY DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: MINARIK, LILLIAN
Address: 68 BRISTOL RD
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: YATES, MARGIA
Address: SOLEE ROAD
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE UPTON

T

03/09/2009

Electronic Signature of Signing Officer or Director

Date