

2004 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90042 025 ****61.25

DOCUMENT # N00000002326

1. Entity Name
J. TIMOTHY HOGAN FOUNDATION, INC.



Principal Place of Business
**5020 TAMiami TRAIL NORTH
106
NAPLES, FL 34103**

Mailing Address
**4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103**

64000020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0999738

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

**NAPLES-LAWDOCK, INC.
C/O QUARLES & BRADY LLP
4501 TAMiami TRAIL NORTH SUITE 300
NAPLES, FL 34103**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SCOOONES, PATRICIA
STREET ADDRESS 571-94TH AVENUE
CITY-ST-ZIP NAPLES, FL 34108

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

TITLE VPD ☐ Delete
NAME HOGAN-TEBSHERANY, GEORGINE
STREET ADDRESS 610-97TH AVENUE NORTH
CITY-ST-ZIP NAPLES, FL 34108

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

TITLE SD ☐ Delete
NAME LEIB-HUNTER, KATHRYN
STREET ADDRESS 4658 SANTIAGO LANE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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

TITLE D ☐ Delete
NAME RIVAS, RICHARDO DR
STREET ADDRESS 3435 TENTH STREET NORTH
CITY-ST-ZIP NAPLES, FL 34103

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

TITLE D ☐ Delete
NAME RIVAS, CINDY
STREET ADDRESS 3435 TENTH STREET NORTH
CITY-ST-ZIP NAPLES, FL 34103

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

TITLE TD ☐ Delete
NAME MOORE, WILLIAM
STREET ADDRESS 10321 REGANT CIRCLE
CITY-ST-ZIP NAPLES, FL 34109

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10321 Regent Circle
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #