


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90193 024 \*\*\*\*61.25

<b>DOCUMENT # N00000002326</b> 1. Entity Name <b>J. TIMOTHY HOGAN FOUNDATION, INC.</b>					
Principal Place of Business <b>4949 TAMiami TRAIL N #203 NAPLES, FL 34103</b>			Mailing Address <b>C/O MELDON CONSULTANTS 4949 TAMiami TRL. N., #201 NAPLES, FL 34103</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0999738</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MOORE, WILLIAM S C/O MELDON CONSULTANTS 4949 TAMiami TRL N., #201 NAPLES, FL 34103</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD</b> <b>SCOONES, PATRICIA</b> <b>571-94TH AVENUE</b> <b>NAPLES, FL 34108</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>HOGAN-TEBSHERANY, GEORGINE</b> <b>610-97TH AVENUE NORTH</b> <b>NAPLES, FL 34108</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>McHugh, Jr., Don</b> <b>2823 SW 2nd Terrace</b> <b>Cape Coral, FL 33991</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEIB-HUNTER, KATHRYN</b> <b>4658 SANTIAGO LANE</b> <b>BONITA SPRINGS, FL 34134</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>Bowles, Sue</b> <b>586 100th Ave North</b> <b>Naples, FL 34108</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIVAS, CINDY</b> <b>3435 TENTH STREET NORTH</b> <b>NAPLES, FL 34103</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MOORE, WILLIAM</b> <b>10321 REGENT CIRCLE</b> <b>NAPLES, FL 34109</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>Jackson, Jeanne</b> <b>5 Highpoint Circle W, #111</b> <b>Naples, FL 34103</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>William S. Moore</u> William S. Moore, Treasurer 4/30/08 239-435-0424</b>					