

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90142 018 ****61.25

DOCUMENT # NO1000007236

1. Entity Name

HHSCE FOUNDATION, INC.

Principal Place of Business

2364 W. L.P.G.A. BLVD.
 DAYTONA BEACH FL 32120

Mailing Address

PO BOX 9065-
 DAYTONA BEACH FL 32120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

PALMETTO CHARTER SERVICES, INC.
 150 MAGNOLIA AVE.
 DAYTONA BEACH FL 32115-2401

Name

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

City

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

**After September 13, 2002,
 min. will be \$236.25.**

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	D	<input type="checkbox"/> Delete
NAME	PRUITT, ELLEN	
STREET ADDRESS	1110 SHERBOURNE WAY	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	STACK, MELVIN	
STREET ADDRESS	1331 OAK FOREST DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32174-4023	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTLEY, M.	
STREET ADDRESS	64 BIG TRUCK TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROCKENBERG, JOHN	
STREET ADDRESS	58 NEPTUNE AVE.	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, ROBERT E	
STREET ADDRESS	1032 SHOCKNEY RD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUVAL, MARIA	
STREET ADDRESS	226 RIVER BEACH DR.	
CITY-ST-ZIP	ORMOND BEACH FL 32176	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALE ABBOTT	
STREET ADDRESS	9 EMERALD OAKS LANE	
CITY-ST-ZIP	ORMOND BEACH, FL. 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE: DALE J. ABBOTT 7/20/02 386-6730704

CR2E037 (4/02)