

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007236

FILED
Jul 10, 2006
Secretary of State

Entity Name: HHSCE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2364 W LPGA BLVD
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: 59-3749676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ABBOTT, DALE J CPA
555 W. GRANADA BLVD
E-9
ORMOND BEACH, FL 32174 US

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: D () Delete
Name: PRUITT, ELLEN
Address: 1110 SHERBOURNE WAY
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: STACK, MELVIN
Address: 1331 OAK FOREST DR.
City-St-Zip: ORMOND BEACH, FL 321744023

Title: D () Delete
Name: CROCKENBERG, JOHN
Address: 58 NEPTUNE AVE.
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: MCLAUGHLIN, ROBERT E
Address: 1032 SHOCKNEY RD.
City-St-Zip: ORMOND BEACH, FL 32174

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MELVIN STACK

D

07/10/2006

Electronic Signature of Signing Officer or Director

Date