

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90103 029 \*\*\*\*61.25

**DOCUMENT # N01000007236**

1. Entity Name  
**HHSCE FOUNDATION, INC.**



Principal Place of Business  
**2364 W. L.P.G.A. BLVD.  
DAYTONA BEACH FL 32120**

Mailing Address  
**9 EMERAL OAKS LANE  
ORMOND BEACH FL 32174**

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 **59-3749676**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABBOTT, DALE J CPA**  
~~9 EMERAL OAKS LANE~~  
~~ORMOND BEACH FL 32174~~

Name

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

**555 W. GRANADA Blvd**

**Suite E-9**

**Ormond Beach**

**FL**

**32174**

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

*Dale J. Abbott, CPA*

**3/23/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

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: *Ellen Pruitt* REQUIRED

CR2E037 (10/02)