

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000002627

1. Entity Name
YELLOW MEDICINE HOOP OUTREACH SOCIETY, INC.



Principal Place of Business
**21715 NE 130TH CT. RD.
ORANGE SPRINGS, FL 32182**

Mailing Address
**P.O. BOX 316
ORANGE SPRINGS, FL 32182**



02212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4549379

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, PATRICIA A
21715 NE 130TH CT. RD.
ORANGE SPRINGS, FL 32182**

**DO NOT WRITE
IN THIS SPACE**

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 *Patricia A. Robinson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000950853
06/04/08-80008-012 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ROBINSON, HIRAM L
21715 NE 130TH CT. RD.
ORANGE SPRINGS, FL 32182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HOLLAND, CARL R
P.O. BOX 104, 21715 NE 130TH CT RD.
FORT MC COY, FL 32134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROBINSON, PATRICIA A
21715 NE 130TH CT. RD.
ORANGE SPRINGS, FL 32182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RUNZEL, CAROL
P.O. BOX 104, 21715 NE 130TH CT RD.
FORT MC COY, FL 32134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Patricia A Robinson **PATRICIA A ROBINSON**

Date

Daytime Phone #

APR 13-08 352-346-5677