

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003715

FILED  
May 10, 2006  
Secretary of State

**Entity Name:** THE BLACK HAMMOCK FOUNDATION, INC.

**Current Principal Place of Business:**

1017 WILLA LAKE CIRCLE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1017 WILLA LAKE CIRCLE  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 20-1005143      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:**

SLADEK, PAUL B  
1017 WILLA LAKE CIRCLE  
OVIEDO, FL 32765      US

**Name and Address of New Registered Agent:**

SLADEK, PAUL B  
1519 W. BROADWAY ST.  
OVIEDO, FL 32765      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: \_\_\_\_\_

05/10/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CDPT      ( ) Delete  
Name: SLADEK, PAUL B  
Address: 1017 WILLA LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: VDS      ( ) Delete  
Name: SLADEK, MEGAN C  
Address: 1017 WILLA LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765

Title: D      ( ) Delete  
Name: CLONINGER, K. INGRID  
Address: 1017 WILLA LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: CLONINGER, K. INGRID  
Address: 545 KELLY GREEN ST.  
City-St-Zip: OVIEDO, FL 32765

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: PAUL BRYAN SLADEK

P

05/10/2006

Electronic Signature of Signing Officer or Director

Date