

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009008

FILED  
Aug 26, 2008  
Secretary of State

Entity Name: ADRIENNE HYMANN CORP.

## Current Principal Place of Business:

2802 BURR OAK DR  
TAMPA, FL 33618

## New Principal Place of Business:

## Current Mailing Address:

2802 BURR OAK DR  
TAMPA, FL 33618

## New Mailing Address:

FEI Number: 61-1473930      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:

LOPEZ, JACQUELINE S  
2802 BURR OAK DR  
TAMPA, FL 33618      US

## Name and Address of New Registered Agent:

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: P ( ) Delete  
Name: LOPEZ, JACQUELINE S  
Address: 2802 BURR OAK DR  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: BROWN, ANGELA  
Address: 201 MIRACLE MILE DR 8B  
City-St-Zip: ANDERSON, SC 29621

Title: D ( ) Delete  
Name: REIMERS, ANNA L  
Address: 21 OGDEN ROAD  
City-St-Zip: BELLEVILLE, NJ 07109

Title: A ( ) Delete  
Name: FREENY, KESHA M  
Address: 517 CENTER POINT ROAD  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

Title: D ( ) Change (X) Addition  
Name: BEST, RAYMOND J MR  
Address: 2802 BURR OAK DRIVE  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE LOPEZ

P

08/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date