

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # N05000003122

1. Entity Name
HUTCHISON FAMILY FOUNDATION, INC.



Principal Place of Business
9832 LAKE LOUISE DRIVE
WINDERMERE, FL 34786

Mailing Address
215 NORTH EOLA DRIVE
ORLANDO, FL 32801



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2690152

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANLEY, NORMA
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

000000855558
03/27/08 00055-000 61.25

Filing Fee is \$61.25
Due by May 1, 2008

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUTCHISON, DEANNE W | |
| STREET ADDRESS | 9832 LAKE LOUISE DRIVE | |
| CITY-ST-ZIP | WINDERMERE, FL 34786 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HUTCHISON, CATHERINE F | |
| STREET ADDRESS | 9832 LAKE LOUISE DRIVE | |
| CITY-ST-ZIP | WINDERMERE, FL 34786 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HENDRIX, ALLISON E E | |
| STREET ADDRESS | 9832 LAKE LOUISE DRIVE | |
| CITY-ST-ZIP | WINDERMERE, FL 34786 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KRUEGER, JENNIFER M | |
| STREET ADDRESS | 9832 LAKE LOUISE DRIVE | |
| CITY-ST-ZIP | WINDERMERE, FL 34786 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deanne W. Hutchison

2/18/08 407-797-7218

Date

Daytime Phone #