

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007326

FILED
Apr 25, 2007
Secretary of State

Entity Name: THE JAMES HOGG FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3494 LANTERN BAY DRIVE
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

3494 LANTERN BAY DRIVE
JUPITER, FL 33477

New Mailing Address:

FEI Number: 20-3159460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGG, HAROLD H
3494 LANTERN BAY DRIVE
JUPITER, FL 33477 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: DP () Delete
Name: HOGG, JAMES W
Address: 11380 WHITE OAK ROAD
City-St-Zip: NEW FREEDOM, PA 17349

Title: D () Delete
Name: HOGG, PATRICIA
Address: 11380 WHITE OAK ROAD
City-St-Zip: NEW FREEDOM, PA 17349

Title: DST () Delete
Name: BARBOUR, ROGER A
Address: 313 WEST AVE
City-St-Zip: RED LION, PA 17356

Title: D () Delete
Name: HOGG, ANDREW J
Address: 2190 GOLFVIEW DRIVE
City-St-Zip: TROY, MI 48084

Title: D () Delete
Name: HOGG, STEPHEN W
Address: 89 FOREST LAKE DRIVE
City-St-Zip: ANDOVER, NJ 07821

Title: DV () Delete
Name: HOGG, HAROLD H
Address: 3494 LANTERN BAY DRIVE
City-St-Zip: JUPITER, FL 33477

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
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Address:
City-St-Zip:

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

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

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: ROGER A BARBOUR

DST

04/25/2007

Electronic Signature of Signing Officer or Director

Date