2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007326

FILED Apr 07, 2009 Secretary of State

Entity Name: THE JAMES HOGG FAMILY FOUNDATION, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
3494 LANTERN BAY DRIVE JUPITER, FL 33477 Current Mailing Address:			148 MOOR	148 MOORINGS PARK DR L206 NAPLES, FL 34105 US New Mailing Address:		
			New Mailir			
3494 LANTERN BAY DRIVE JUPITER, FL 33477			148 MOOR	148 MOORINGS PARK DR L206 NAPLES, FL 34105 US		
El Number	r: 20-3159460	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of Ne	ew Registered Agent:	
	AROLD H TERN BAY DR	:IVE		HOGG, HAROLD H 148 MOORINGS PARK DR		
JUPITER, FL 33477 US			L206 NAPLES, F	L206 NAPLES, FL 34105 US		
	e named entity : e of Florida.	submits this statement for the p	urpose of changing it	s registered of	fice or registered agent, or both,	
SIGNATU	RE:				04/07/2009	
	Electror	nic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
itle:	, ,) Delete	Title:	()	Change () Addition	
lame: \ddress:	HOGG, JAMES 11380 WHITE		Name: Address:			
City-St-Zip:	NEW FREEDO		City-St-Zip:			
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lame:	HOGG, PATRIC		Name:			
\ddress: >ity-St-Zip:	11380 WHITE (NEW FREEDO		Address: City-St-Zip:			
nty-St-Zip.	INCAN I INCEDO	WI, FA 17348	City-St-Zip.			
itle:	, ,) Delete	Title:	()	Change ()Addition	
lame:	BARBOUR, RO 313 WEST AVE		Name:			
\ddress: :ity-St-Zip:	RED LION, PA		Address: City-St-Zip:			
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".41	D ()) Delete	Title:	() (Change () Addition	
		'W' I	Name:			
lame:	HOGG, ANDRE		Name: Address:			
lame: \ddress:		W DRIVE	Name: Address: City-St-Zip:			
lame: \ddress: \ity-St-Zip:	HOGG, ANDRE 2190 GOLFVIE TROY, MI 480	W DRIVE	Address:	()(Change()Addition	
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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 BARBOUR DST 04/07/2009