2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007331

City-St-Zip:

JUPITER, FL 33477

Entity Name: THE DAVID HOGG FAMILY FOUNDATION, INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3494 LANTERN BAY DRIVE JUPITER, FL 33477			148 MOO L206	148 MOORINGS PARK DR		
JOHNER, I	L 33477		NAPLES,	FL 34105	US	
Current Mailing Address:				New Mailing Address:		
3494 LANTERN BAY DRIVE JUPITER, FL 33477				148 MOORINGS PARK DR L206		
				FL 34105	US	
FEI Number:	20-3159386	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HOGG, HAROLD H 3494 LANTERN BAY DRIVE JUPITER, FL 33477 US				HOGG, HAROLD H 148 MOORINGS PARK DR NAPLES, FL 34105 US		
The above in the State		submits this statement for the pu	rpose of changing	its register	red office or registered agent, or both,	
SIGNATURE:				04/07/2009		
	Electro	nic Signature of Registered Agen	t		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP (HOGG, DAVID 1125 WYNDS YORK, PA 17	ONG DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HOGG, BARB, 1125 WYNDS YORK, PA 17	ONG DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DST (BARBOUR, RG 313 WEST AV RED LION, PA	E	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DV (HOGG, HARO 3494 LANTER JUPITER, FL	N BAY DRIVE	Title: Name: Address: City-St-Zip:		(X) Change()Addition AROLD H RINGS PARK DR FL 34105 US	
Title: Name: Address:	D (HOGG, RUTH 3494 LANTER		Title: Name: Address:	D HOGG, RI 148 MOO	(X) Change()Addition JTH M RINGS PARK DR	

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.

City-St-Zip: NAPLES, FL 34105 US

SIGNATURE: ROGER BARBOUR DST 04/07/2009