

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90108 044 ****61.25

DOCUMENT # N05000012088

1. Entity Name
HURT AMERICANS NEEDING KINDNESS, INC.



Principal Place of Business
**2473 CARE DRIVE STE Z
TALLAHASSEE, FL 32308**

Mailing Address
**2473 CARE DRIVE STE Z
TALLAHASSEE, FL 32308**

40125609



07102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3852814

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MASON, RON
2473 CARE DRIVE STE Z
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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)

7-10-07

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MASON, RON
2473 CARE DRIVE STE Z
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PALMER, HAROLD
4364 MAYLOR RD
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PAGE, MICHAEL
9736 MOCCASIN GAP RD
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SWEENEY, KEN
222 WEST 6TH AVE
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOUGH, JAMES
7293 WINTER CREEK LANE
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #