

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000437

FILED
Apr 14, 2009
Secretary of State

Entity Name: HAMMOCK COMMUNITY CONSERVATION CORPORATION

Current Principal Place of Business:

5652 N OCEANSHORE BLVD
PALM COAST, FL 32137

New Principal Place of Business:

8 SYCAMORE TERRACE
PALM COAST, FL 32137

Current Mailing Address:

P O BOX 539
PALM COAST, FL 32136

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHEAROUSE, JUDY K
3 BEDFORD DRIVE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

MCCLEERY, CAROLE A
8 SYCAMORE TERRACE
PALM COAST, FL 32137 US

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: CAROLE A. MCCLEERY

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROWE, THAD
Address: 43 OCEAN ST
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: BYRD, JOHN
Address: 8 DOGWOOD TERRACE
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: FAIRLEY, SUSAN
Address: 32 OCEAN DUNE CR
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: SHEAROUSE, JUDY K
Address: 3 BEDFORD DR
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: MCCLEERY, CAROLE
Address: 8 SYCAMORE TERRACE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: NEMRAVA, ALMA
Address: 7 NANTUCKET DR.
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BYRD, JOHN
Address: 8 DOGWOOD TERRACE
City-St-Zip: PALM COAST, FL 32137

Title: VP (X) Change () Addition
Name: CROWE, THAD
Address: 43 OCEAN STREET
City-St-Zip: PALM COAST, FL 32137

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

Title: D (X) Change () Addition
Name: MCCLEERY, CAROLE A
Address: 8 SYCAMORE TERRACE
City-St-Zip: PALM COAST, FL 32137

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: CAROLE A. MCCLEERY

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04/14/2009

Electronic Signature of Signing Officer or Director

Date