## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED
Mar 14, 2007 8:00 am
Secretary of State
01-22-2007 90098 038 \*\*\*\*61.25

DOCUMENT # N0600001341  1. Entity Name HILLSIDE COALITION OF LABORERS FOR APALACHICOLA, INC.								01-22-2007	7 90098 038 *	***61.25
Principal Place of Business 297 - 23RD AVE APALACHICOLA, FL 32320			Mailing Address 297 - 23RD AVE APALACHICOLA, FL 32320				1 ta bin bi 9 ii 8 biya		A NIII A NICER     18 FB	P( 11 2 11 A) (11 B)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				$\dashv$				
Suite, Apt.	Suite, Apt. #. etc.		Suite, Apt. ♥, etc.				01082007 Ct	hg-NP	CR2E037 (12/06	3)
City & State		City & State					4. FEI Number 0[-09517		,	Applied For Not Applicable
Zip	Country	Zip	Zip Co		untry	5 Cartilizate of Status Desired   \$8.3		to 75	Additional	
6. Name and Address of Current Registered Agent					Name		7. Name and Add	ress of New Re	gistered Agent	
MOUNT-SIMMONS, ELINOR S 297 - 23RD AVE				Street Address (P.0			P.O Box Number is t	Not Acceptable)		
APALACHI	ICOLA, FL 32320									
					City		FL Zip Code			
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 certified name of registered agent and little (Lappicable (NOTE: Registered Agent signature required							when remstaling)		DATÉ	
Filing Foe is \$61.25 Due by May 1, 2007			Election Campaign Financing     Trust Fund Contribution.			)	\$5.00 May Be Added to Fees		ike check payable da Department of	
10.	OFFICERS AND D	RECTORS		11.			ADDITIONS/CHANG	ES TO OFFICER		
HILE NAME	D ASH, BRENDA		Delete	TITLE NAME	_				☐ Chang	pe 🗀 Addition
STREET ADDRESS CITY-ST-ZIP	213 - 17TH ST APALACHICOLA, FL 32320				ET ADDRESS -ST-ZIP					
IITLE	D		☐ Oelete TITL		E				☐ Chang	e C Addition
NAME STREET ADDRESS	JOHNSON, VAN 449 - 23RD AVE				EET ADDRESS					
CITY-ST-ZIP TITLE	APALACHICOLA, FL 32320		☐ Delete	CITY	- ST - ZIP				Chang	te Addition
HAME	KEY, WILLIAM		C. Dexic	MAK	E					5 (C) 100010-1
STREET ADDRESS CITY-ST-ZIP	200 - 6TH ST APALACHICOLA, FL 32320				EET ADDRESS '-ST-ZIP					
INTLE	D MOUNT SIMMONS ELINORS		☐ Défète	TITLE			-		Chang	pe 🔲 Audition
NAME STREET ADORESS	MOUNT-SIMMONS, ELINOR S 297 - 23RD AVE				EZ3ROOA T3					
CITY-ST-ZIP	APALACHICOLA, FL 32320				- S1 - ZIP				Cnang	ne 🗌 Addition
HAME	D RAY-HUTCHINSON, TAMI		☐ Delete	HAM	Œ				L. Others	E LI REGION
STREET ADDRESS CITY-ST-ZIP	249 - 14TH ST APALACHICOLA, FL 32320			1	ET ADORESS '-ST-ZIP					
IITLE	D CONTINUE		☐ Delete	TITLE	- 1				Chang	e Addition
NAME Street address	WEBB, VALENTINA 255 - 11TH ST			NAM STRE	EET ADDRESS					
CHY-ST-ZIP	APALACHICOLA, FL 32320				-S1-7IP		Contract to the contract of th	id- O-v to 14		
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further cortify 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 in 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 autochment with an address, with all other like empowered.										
SIGNAT	SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							18/07	SSO 653 2	
ſ	\$ SIGNATURE AND TYPED OR	FRINTED NAM	IL OF SIGNING OFFICER	, UR DIRECT	IUA				Uzyline Phone	. •