

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001341

FILED
Jan 08, 2009
Secretary of State

Entity Name: HILLSIDE COALITION OF LABORERS FOR APALACHICOLA, INC.

Current Principal Place of Business:

297 - 23RD AVE
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

297 - 23RD AVE
APALACHICOLA, FL 32320

New Mailing Address:

PO BOX 764
APALACHICOLA, FL 32329

FEI Number: 01-0857765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOUNT-SIMMONS, ELINOR S
297 - 23RD AVE
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASH, BRENDA
Address: 213 - 17TH ST
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: JOHNSON, VAN
Address: 449 - 23RD AVE
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: KEY, WILLIAM
Address: 200 - 6TH ST
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: MOUNT-SIMMONS, ELINOR S
Address: 297 - 23RD AVE
City-St-Zip: APALACHICOLA, FL 32320

Title: D () Delete
Name: RAY-HUTCHINSON, TAMI
Address: 249 - 14TH ST
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BRENDA B ASH

D

01/08/2009

Electronic Signature of Signing Officer or Director

Date