2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012464

Entity Name: HAPPEHATCHEE CENTER, INC.

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

8791 CORKSCREW RD ESTERO, FL 33928

Current Mailing Address: New Mailing Address:

PO BOX 345 ESTERO, FL 33928

FEI Number: 20-8034294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PETERSON, ELLEN W 8791 CORKSCREW RD ESTERO, FL 33928

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete PETERSON, ELLEN W Name: Name:

8791 CORKSCREW RD Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip:

Title: () Delete Title: VPD (X) Change () Addition

SMITH, ANN Name: GRANT, GENELLE G MS Name: Address: 14524 STERLING OAKS Address: 6640 BRIGHT RD. City-St-Zip: NAPLES, FL 34110 City-St-Zip: N.FT.MYERS, FL 34110

Title: VPD () Delete Title: **VPD** (X) Change () Addition FRIEDMAN, HARRIS SMITH, ANN MS Name: Name:

14524 STERLING OAKS Address: 1225 TOM COKER RD Address: City-St-Zip: LABELLE, FL 33935 City-St-Zip: NAPLES, FL 34110

Title: SEC () Delete Title: SEC (X) Change () Addition Name: FOTOVAT, RUTH KINGI Name: FOTOVAT, RUTH KINGI MS

Address: 12353 Address: 12353

City-St-Zip: GREYWOOD CIR., FL 33966 City-St-Zip: GREYWOOD CIR., FL 33966

Title: () Delete Title: TREA (X) Change () Addition

GRANT, GENELLE HANSEN, LESA MS. Name: Name: 6640 BRIGHT RD 845 LAKELAND AVE. Address: Address:

NORTH FORT MYERS, FL 33917 City-St-Zip: City-St-Zip: NAPLES, FL 34110

Title: () Delete Title: () Change (X) Addition GRUNINGER, BOBBIELEE MS Name: Name: Address: Address: 8870 SPRINGWOOD COURT BONITA SPRINGS, FL 34135 City-St-Zip: 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: ELLEN W PETERSON MS 03/10/2009