

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001871

Entity Name: H.U.G.S. CHARITIES, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

3111 SOUTH PINE AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3111 SOUTH PINE AVENUE
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-8493070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOONTZ, MICHAEL P
3111 SOUTH PINE AVENUE
OCALA, FL 34471 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: DP () Delete
Name: KOONTZ, MICHAEL P
Address: 3111 SOUTH PINE AVENUE
City-St-Zip: OCALA, FL 34471

Title: DV () Delete
Name: FAKHOURY, MANAL
Address: PO BOX 4428
City-St-Zip: OCALA, FL 34478

Title: DS () Delete
Name: JONES, ROSEY M
Address: 2410 SW 27TH AVE
City-St-Zip: OCALA, FL 34474

Title: DT () Delete
Name: FITOS, BARBARA R
Address: 1209 SE 10TH AVE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: DESANTIS, DAVID
Address: 2032 SE 37TH CT CIRCLE
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: KOSHINSKI, BETSY
Address: 11151 NE 55TH COURT
City-St-Zip: OCALA, FL 32617

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: DT (X) Change () Addition
Name: ADKISON, MARY A
Address: 5795 E. FT. KING ST
City-St-Zip: OCALA, FL 34470

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: MARY ALICE ADKISON

DT

04/28/2008

Electronic Signature of Signing Officer or Director

Date