

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001871

FILED  
Feb 01, 2010  
Secretary of State

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

**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  
Name: KOONTZ, MICHAEL P  
Address: 3111 SOUTH PINE AVENUE  
City-St-Zip: Ocala, FL 34471

Title: DV  
Name: FAKHOURY, MANAL  
Address: PO BOX 4428  
City-St-Zip: Ocala, FL 34478

Title: DS  
Name: VAN HEYDE, CINDY  
Address: 4433 SE 12TH ST  
City-St-Zip: Ocala, FL 34471

Title: DT  
Name: ADKISON, MARY A  
Address: 5795 E. FT. KING ST  
City-St-Zip: Ocala, FL 34470

Title: D  
Name: DESANTIS, DAVID  
Address: 1034 SE 11TH TERR  
City-St-Zip: Ocala, FL 34471

Title: D  
Name: ADAMS, JOYCE  
Address: 6883 SE 12TH CIRCLE  
City-St-Zip: Ocala, FL 34480

I hereby 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 all other like empowered.

SIGNATURE: MARY ALICE ADKISON

TREA

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date