## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000001871

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

FILED Feb 28, 2012 Secretary of State

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

3111 SOUTH PINE AVENUE OCALA, FL 34471

**Current Mailing Address: New Mailing Address:** 

3111 SOUTH PINE AVENUE OCALA, FL 34471

FEI Number: 20-8493070 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:

KOONTZ, MICHAEL P 3111 SOUTH PINE AVENUE OCALA, FL 34471

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:** 

ANDERSON, RYAN Name: Address: 3675 S E 38TH TERR City-St-Zip: OCALA, FL 34480

Title: DV

Name: THOMAS, JUSTA Address: 1301 S W 43RDRD PL City-St-Zip: OCALA, FL 34471

Title: DS

HARR, MARIE Name: 1319 S E 43RD TERR Address: 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:

SCALES, LESLIE Name: P O BOX 247 Address:

WEIRSDALE, FL 32105 City-St-Zip:

Title:

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

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** 02/28/2012