

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005180

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** THE HILTON-SNYDER FAMILY NOT-FOR-PROFIT ORGANIZATION, INC.

**Current Principal Place of Business:**

5285 MONTEREY CIRCLE, #68  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5285 MONTEREY CIRCLE, #68  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 26-0282504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILTON-SNYDER, SUSAN  
5285 MONTEREY CIRCLE, #68  
DELRAY BEACH, FL 33484 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  
**Name:** HILTON-SNYDER, SUSAN  
**Address:** 5285 MONTEREY CIRCLE, #68  
**City-St-Zip:** DELRAY BEACH, FL 33484 US

**Title:** D  
**Name:** HILTON, SAMANTHA J  
**Address:** 5285 MONTEREY CIRCLE, #68  
**City-St-Zip:** DELRAY BEACH, FL 33484 US

**Title:** T  
**Name:** CHURCH, LAUREN J  
**Address:** 4301 PINEHURST DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US

**Title:** S  
**Name:** SNYDER, BLAIE M  
**Address:** 5285 MONTEREY CIRCLE, #68  
**City-St-Zip:** DELRAY BEACH, FL 33484 US

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:** SUSAN HILTON-SNYDER

D

04/06/2011

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

\_\_\_\_\_  
Date