

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 03, 2009
Secretary of State**

DOCUMENT# N08000006852

Entity Name: HLAMI ASSOCIATION FOR TURTLE CONSERVATION AND HOPE INCORPORATED

Current Principal Place of Business:

3491 23RD. AVE S.W.
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

3491 23RD. AVE S.W.
NAPLES, FL 34117

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLMAN, KARYN
2640 GOLDEN GATE PARKWAY, SUITE 205
NAPLES, FL 34105 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 () Delete
Name: ALLMAN, PHIL DR.
Address: 3491 23RD AVE NW
City-St-Zip: NAPLES, FL 34117

Title: D (X) Delete
Name: HOLLIDAY, DAWN DR.
Address: MORROW LIBRARY 102, MARSHALL UNIVERSITY
City-St-Zip: HUNTINGTON, WV 25755

Title: D (X) Delete
Name: WOODSON, HEATHER
Address: 2209 NEW SALEM ROAD
City-St-Zip: MONROE, NC 28110

Title: D (X) Delete
Name: SOLICK, DONALD
Address: 2113 SAGE DRIVE
City-St-Zip: FORT COLLINS, CO 80524

Title: D (X) Delete
Name: ADDISON, DAVE
Address: 1450 MERRIHUE DRIVE
City-St-Zip: NAPLES, FL 34102

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: () 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: PHIL ALLMAN

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date