

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001670

**FILED**  
**Jul 05, 2010**  
**Secretary of State**

**Entity Name:** HEART OF THE HAMMOCK HUMANE SOCIETY THRIFT STORE, INC.

**Current Principal Place of Business:**

26329 NE HWY 19  
OLD TOWN, FL 32680

**New Principal Place of Business:**

**Current Mailing Address:**

26329 NE HWY 19  
OLD TOWN, FL 32680

**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:**

BROWN, IDA R  
82 NE 306 AVE  
OLD TOWN, FL 32680 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: P  
Name: BROWN, IDA R  
Address: 82 NE 306 AVE  
City-St-Zip: OLD TOWN, FL 32680

Title: V  
Name: SMALLBONE, NANCY  
Address: 592 NE 249TH  
City-St-Zip: OLD TOWN, FL 32680

Title: S  
Name: POWERS, PAULA  
Address: 92 NE 356 AVE  
City-St-Zip: OLD TOWN, FL 32680

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: IDA ROSE BROWN

P

07/05/2010

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

\_\_\_\_\_  
Date