

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000660

FILED
Apr 26, 2012
Secretary of State

Entity Name: HOBBY THERAPY, INC.

Current Principal Place of Business:

3443 CATAMARAN WAY
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

3443 CATAMARAN WAY
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPLAN LAW FIRM, P.A.
6260 DUPONT STATION COURT, SUITE C
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

CAPLAN, HOWARD A
245 RIVERSIDE AVENUE
SUITE 150
JACKSONVILLE, FL 32202 US

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: HOWARD A. CAPLAN

04/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ENGLAND, DAVID
Address: 1608 HIDDEN CT.
City-St-Zip: MOBILE, AL 36695

Title: D
Name: VANCE, G M
Address: 3443 CATAMARAN WAY
City-St-Zip: JACKSONVILLE, FL 32223

Title: D
Name: BLACKSTONE, WENDY
Address: 5216 TILTING OAKS COURT W.
City-St-Zip: JACKSONVILLE, FL 32258

Title: D
Name: BACKER, JENNIFER C
Address: 8354 FRONT GATE CIRCLE
City-St-Zip: OOLTEWAH, TN 37363

Title: D
Name: ENGLAND, TIFFANY
Address: 1608 HIDDEN CT.
City-St-Zip: MOBILE, AL 36695

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: GEORGE M. VANCE

VP

04/26/2012

Electronic Signature of Signing Officer or Director

Date