

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011308

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** HINDS FEET SERVICES, INC.

**Current Principal Place of Business:**

2112 MITCHELL CT  
FT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

2112 MITCHELL CT  
FT MYERS, FL 33916

**New Mailing Address:**

**FEI Number:** 80-0599286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNEAL, DEBORAH A  
617 SW 4TH TERRACE  
CAPE CORAL, FL 33991 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: SYKES, JUDY  
Address: 4316 3RD STREET SW  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VP  
Name: LEWIS, GAIL  
Address: 3660 KELLY ST  
City-St-Zip: FT MYERS, FL 33901

Title: ST  
Name: MCNEAL, DEBORAH  
Address: 617 SW 4TH TERR  
City-St-Zip: CAPE CORAL, FL 33991

Title: D  
Name: JENKINS, DONNA  
Address: 711 ARUNDEL CIRCLE  
City-St-Zip: FT MYERS, FL 33913

Title: D  
Name: PERRYMAN, DIANNA  
Address: 10172 SILVER MAPLE CT  
City-St-Zip: FT MYERS, FL 33913

Title: D  
Name: WASHINGTON, ALICE  
Address: 23080 SOLOMON DR  
City-St-Zip: ALVA, FL 33920

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: DEBORAH A. MCNEAL

ST

04/10/2012

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

\_\_\_\_\_  
Date