

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20380**

(4)

1. Corporation Name

HEMLOCK SOCIETY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

% STEPHEN F. ELLIS
1800 SECOND STREET, STE 806
SARASOTA FL 34236-5903

% STEPHEN F. ELLIS
1800 SECOND STREET, STE 806
SARASOTA FL 34236-5903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/28/1987

03/07/1994

4. FEI Number

59-1821314

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLIS, STEPHEN
1800 2ND STREET, SUITE 806
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BOND, ALLAN
STREET ADDRESS 4915 PARK LANE TERR. S.
CITY-ST-ZIP BRADENTON FL *Delete*

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Billings, W
1.3 STREET ADDRESS 647 W. Lake Dr
1.4 CITY-ST-ZIP Sarasota 34232

TITLE P
NAME BENNER, RICHARD
STREET ADDRESS 3333 49TH ST
CITY-ST-ZIP SARASOTA FL *Delete*

2.1 TITLE V. Pro ☒ Change ☒ Addition
2.2 NAME Kizman, Donna
2.3 STREET ADDRESS 8811A SW 21st Ct
2.4 CITY-ST-ZIP Boca Raton, FL 33433

TITLE DS
NAME CROSBY, CHARLOTTE
STREET ADDRESS 1615 BAYHOUSE CT.
CITY-ST-ZIP SARASOTA FL 34231

3.1 TITLE Billings, W ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DVP
NAME HELGAGER, JUDY
STREET ADDRESS 815 FAULKWOOD CT
CITY-ST-ZIP SARASOTA FL *Delete*

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME PUNDICK, BORIS
STREET ADDRESS 33 GULFSTREAM AVE
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD
NAME BILLINGS, WALTER
STREET ADDRESS 4271 OAKHURST CIRCLE E.
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/95 813-377-
6017