FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU 1. Corporation	MENT # N2038	30 (4)			
HEMLO	OCK SOCIETY OF FLORIDA	A, INC.			
Principal Place	of Business	Mailing Address			F 8800 0100 0101 8001 8001 0101 0101 010
% STEPHEN	F. ELLIS	% STEPHEN F. ELLIS			
1800 SECON	D STREET. STE 806	1800 SECOND STREET			
SARASUIA I	FL 34236-5903	SARASOTA FL 34236-5	903	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address		04/28/1987 4. FEI Number	04/27/1995
21 26 26				59-2821314	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State			- 		Fee Hequireo
23	<u>v</u>	28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
FILIS	TEDHEN				
ELLIS, STEPHEN 1800 2ND STREET, SUITE 806			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)	
	OTA FL 34236		83		
			84 City		85 Zip Code
			,		FL T T T
or register	red agent, or both, in the State of Fiori	ida. Such change was authorize	ed by the corporation's	corporation submits this statement for the pures board of directors. I hereby accept the appe	pose of changing its registered office bintment as registered agent. I am
	th, and accept the obligations of, Seci	tion 617.0503, Florida Statutes.			
SIGNATURE .	Signature, typed or printed name of registered agen		TE: Registered Agent signature	required when reinstaling:	DATE
12.		D DIRECTORS	13.	ADDITIONS/GHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE NAME	P Billings, N	DELETE	1.1 TITLE	P D MARY BENNETT HUDS	CERS AND DIRECTORS IN 12 Change Addition CON CON CON CON CON CON CON CO
STREET ADDRESS	647 W LAKE DR		1.2 NAME 1.3 STREET ADDRESS	3560 GALT OCHAN DR	
DITY-ST-ZIP	SARASOTA FL		1.4 City-St-Zip	FT. LAUDERDALE, F	7 33308
TITLE	VP	DELETE	2.1 TITLE	VP, D	Change Addition
NAME	KLAMM, DONNA	^	2.2 NAME	JUDY HELGAGER	A . –
STREET ADDRESS	8811 A SW 21ST CT		2 3 STREET ADDRESS	815 FAULKWOOD CT.	
CITY-ST-ZIP	BOCA RATON FL		2 4 CITY - ST - ZIP	SARASOTA, FL 342	32
TITLE	DS	DELETE	3.1 TITLE	DS .	Change 🔲 Addition
NAME OXERE LEBERGE	CROSBY, CHARLOTTE		3.2 NAME	PORTIN WASTERFIE	45
STREET ADDRESS	1615 BAYHOUSE CT.		3.3 STREET ADDRESS	Will C. Commission and a second	
CITY - ST - ZIP	SARASOTA FL 34231 D	X OELETE	3.4. CITY-ST-ZIP 4.1 TITLE	MULBERRY, FL 33	SChange Addition
NAME	PUNDICK, BORIS	J. Collective	4.7 (IICE 4. 2 NAME	KARIN CAUMALLAND	Ed cuands T3 vocition
STREET ADDRESS	33 GULFSTREAM AVE		4.2 NAME 4.3 STREET ADDRESS	8481 ALVERANIA AVE	
CITY - ST - ZIP	SARASOTA FL		44 CITY-ST-ZIP	KARIN COUTCHAVLIS 8481 ALYERON AVE. ORLANDO, FL 3281	7 - 2407
TITLE	TD	DELETE	51 TITLE	D D	Change Addition
NAME	BILLINGS, WALTER		5.2 NAME	JOHN LEUS	~ -
STREET ADDRESS	4271 OAKHURST CIRCLE E.		5.3 STREET ADDRESS	1350 CUPRESS TANK	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY - ST - ZIP	1350 CYPRESS TRACE MELBOURNE, FL 320	140
TITLE		DELETE	61 TITLE		Change Addition
NAME			6 2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	woodify that the information and the	with this films is such many and a	6.4 CITY-ST-ZIP		07/00/h
certify that	ly certify that the information supplied to the information indicated on this annu-	wich triis tiinng is Voluntariiy furnii Jal reoort or sunolemental annii	sneo and does not qui ial report is true and ai	alify for the exemption stated in Section 119.	U/(3)(K), Florida Statutes, I further same lenal effect as if made under

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 617, 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

4/9/96 (941)425-3968