**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # **N20380** **(4)**

1. Corporation Name

HEMLOCK SOCIETY OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % STEPHEN F. ELLIS<br>1800 SECOND STREET. STE 806<br>SARASOTA FL 34236-5903 | % STEPHEN F. ELLIS<br>1800 SECOND STREET. STE 806<br>SARASOTA FL 34236-5903 |

3. Date Incorporated or Qualified: 04/28/1987

4. FEI Number: 59-2821314 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ELLIS, STEPHEN<br>1800 2ND STREET, SUITE 806<br>SARASOTA FL 34236 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 | PD | ☐ DELETE | 1.1 TITLE | VPD | ☑ Change ☐ Addition |
| NAME | HUDSON, MARY B | | 1.2 NAME | MYRTLE BRICKMAN | |
| STREET ADDRESS | 3550 GALT OCEAN DR 1110 | | 1.3 STREET ADDRESS | 2900 N. COURSE DR, APT 508 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | | 1.4 CITY-ST-ZIP | POMPANO BEACH, FL 33069 | |
| TITLE | VPD | ☑ DELETE | 2.1 TITLE | DS | ☑ Change ☐ Addition |
| NAME | KLAMM, DONNA | | 2.2 NAME | PLAISANT, ANNALIES | |
| STREET ADDRESS | 8811 SW 21ST CT | | 2.3 STREET ADDRESS | 3914 NW 34 PLACE | |
| CITY-ST-ZIP | BOCA RATON FL | | 2.4 CITY-ST-ZIP | GAINESVILLE, FL 32606 | |
| TITLE | DS | ☑ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WESTERFIELD, PORTIA | | 3.2 NAME | | |
| STREET ADDRESS | 4115 CREEK WOODS LN | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MULBERRY FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRICKMAN, HARRY | | 4.2 NAME | | |
| STREET ADDRESS | 2900 N COURSE DRIVE APT 508 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO BCH FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☑ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LEES, JOHN | | 5.2 NAME | | |
| STREET ADDRESS | 1350 CYPRESS TRACE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Harry Brickman **REQUIRED** 1/26/98 954-968-5879