04081999-90052-020-$61.25-$61.25

FILED
Apr 08, 1999 8:00 am
Secretary of State
04-08-1999 90052 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20380

1. Corporation Name
HEMLOCK SOCIETY OF FLORIDA, INC.

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

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

2. Principal Place of Business 21 3550 GALT OCEAN DR 22 Suite, Apt. #, etc. #1100 23 City & State Ft Lauderdale, FL 24 Zip 33308 25 Country USA	2a. Mailing Address 26 Same 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	3. Date Incorporated or Qualified 04/28/1987 4. FEI Number 59-2821314 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Harry Brickman
82 Street Address (P.O. Box not acceptable) 2900 N. Course Drive, Apt. 508
83 Pompano Beach, FL 33069
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 Mary Bennett Hudson 5-7-99
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	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRICKMAN, MYRTLE		1.2 NAME		
STREET ADDRESS	2900 N COURSE DR APT 508		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PLAISANT, ANNALIES		2.2 NAME		
STREET ADDRESS	3914 NW 37 PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	BRICKMAN, HARRY		3.2 NAME	Harry Brickman	
STREET ADDRESS	2900 N COURSE DRIVE APT 508		3.3 STREET ADDRESS	2900 N. Course Drive, Apt. 508	
CITY-ST-ZIP	POMPANO BCH FL		3.4 CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	PRESIDENT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARY BENNETT Hudson		4.2 NAME		
STREET ADDRESS	3550 GALT OCEAN DR. #1110		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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, with all other like empowered.

SIGNATURE: Harry Brickman SIGNATURE REQUIRED Harry Brickman 4/5/99 954 968 8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER 2900 N. Course Drive, Apt. 508 Date Daytime Phone #
Pompano Beach, FL 33069
Treasurer
Mary Bennett Hudson Pres 5-7-99 954/565-1858

CR2E037 (11/98)