

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 06, 2005 08:00 AM**  
**Secretary of State**

|                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N20380</b>                              |  |
| 1. Entity Name<br>HEMLOCK FOUNDATION OF FLORIDA, INC. |                                                                                   |

|                                                                                    |                                                               |
|------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br>9005 SCARSDALE CT., #H<br>W MELBOURNE FL 32904-2012 | Mailing Address<br>PO BOX 121093<br>W MELBOURNE FL 32912-1093 |
|------------------------------------------------------------------------------------|---------------------------------------------------------------|

|                                                                              |                                                                  |         |         |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country | Country |
|------------------------------------------------------------------------------|------------------------------------------------------------------|---------|---------|



1st MOORE CR2E037 (10/04)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2821314 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------------------------------------------|--------------------------------|

|                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>KLAMM, DONNA<br>9005 SCARSDALE CT., #H<br>MELBOURNE FL 32904-2012 |  |
|--------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

|                                                                                           |                                                              |      |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|------|
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|------|

|                                                |                                                                                     |                                |                                                      |
|------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|
| FILE NOW: FEE IS \$61.25<br>Due By May 1, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make Check Payable to<br>Florida Department of State |
|------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                                                            |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P/D<br>KLAMM, DONNA P/D<br>9005-H SCARSDALE CT.<br>WEST MELBORNE FL 32904 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>WESTERFIELD, PORTIA<br>4115 CREEK WOODS LANE<br>MULBERRY FL 33860 <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | RSD<br>PLAISANT, ANNELIES<br>3914 NW 37 PLACE<br>GAINESVILLE FL 32606-6145 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CSD<br>BILLINGS, NAN<br>647 WEST LAKE DRIVE<br>SARASOTA FL 34232 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>CONWAY, MARTHA<br>711 AUTUMN GLEN DR<br>MELBOURNE FL 32940 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

100000290105  
04/06/05-80053-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

|                                                                                                                     |                                             |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| SIGNATURE: <u>MARTHA T. CONWAY, TREASURER</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 4-4-05 321-253-2072<br>Date Daytime Phone # |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------|