

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N20380

1. Entity Name
HEMLOCK FOUNDATION OF FLORIDA, INC.



Principal Place of Business
9005 SCARSDALE CT., #H
W MELBOURNE, FL 32904-2012

Mailing Address
PO BOX 121093
W MELBOURNE, FL 32912-1093



02132008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2821314

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLAMM, DONNA
9005 SCARSDALE CT., #H
MELBOURNE, FL 32904-2012

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IN THIS SPACE**

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 Donna Klamm DONNA KLAMM Jan 18, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000837939
03/05/08-80010-019 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME P/D
STREET ADDRESS
CITY-ST-ZIP
KLAMM, DONNA P/D
9005-H SCARSDALE CT.
WEST MELBORNE, FL 32904

TITLE
NAME VD
STREET ADDRESS
CITY-ST-ZIP
WESTERFIELD, PORTIA
4115 CREEK WOODS LANE
MULBERRY, FL 33860

TITLE
NAME RSD
STREET ADDRESS
CITY-ST-ZIP
PLAISANT, ANNELIES
3914 NW 37 PLACE
GAINESVILLE, FL 326068145

TITLE
NAME TD
STREET ADDRESS
CITY-ST-ZIP
CONWAY, MARTHA
711 AUTUMN GLEN DR
MELBOURNE, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donna Klamm DONNA KLAMM 02/18/08 800-849-9349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #