2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State
05-15-2003 90115 038 ****70.00

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DOCUMENT # N20380

1. Entity Name
HEMLOCK FOUNDATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
~~42769 HWY 27~~	~~42769 HWY 27~~ PO BOX 121093
~~LOT 43~~	~~LOT 43~~ W. MELBOURNE
~~DAVENPORT FL 33837~~	~~DAVENPORT FL 33837~~ FL 32912-1093

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
9005 SCARSDALE COURT	PO BOX 121093
Suite, Apt. #, etc.: H	Suite, Apt. #, etc.: -
City & State: W. MELBOURNE FL	City & State: W. MELBOURNE FL
Zip: 32904-2012 Country: USA	Zip: 32912-1093 Country: USA

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

STINNETT, GLEN W
42769 HWY 27
LOT 43
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name: DONNA M KLAMM
Street Address (P.O. Box Number is Not Acceptable): 9005-H SCARSDALE COURT
City: W. MELBOURNE FL Zip Code: 32904-2012

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 M Klamm DATE: May 12, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D KLAMM, DONNA P/D 9005-H SCARSDALE CT. WEST MELBORNE FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D DWYER, DIANNE VP/D 2519 LONIGAN PL SUN CITY CENTER FL 33573	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D WESTERFIELD, PORTIA S/D 4115 CREEK WOODS LANE MULBERRY FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS/D NORTON, ELIZABETH CS/D 26 WATER OAKS WAY NAPLES FL 34105	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D STINNETT, GLEN W T/D 42769 HWY 27 LOT 43 DAVENPORT FL 33837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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: SIGNATURE REQUIRED DONNA M. KLAMM 05/12/03 800-849-9349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #