

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

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # N26948 (2)**

1. Corporation Name

**THE HAMMOCK COMMUNITY CENTER CORPORATION INC.**



Principal Place of Business

Mailing Address

% SHEILA RICHARDSON  
PO BOX 1585  
FGLER BEACH FL 32136

% SHEILA RICHARDSON  
PO BOX 1585  
FGLER BEACH FL 32136

3. Date Incorporated or Qualified  
**06/15/1988**

3a. Date of Last Report  
**03/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number  
**59-3023536**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDSON, SHEILA  
39 MOODY BLVD.  
PALM COAST FL 32136**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 if not applicable)

(If Not Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARPE, HAROLD J.	
STREET ADDRESS	1 SWEET BAY DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOSKINS, DONALD	
STREET ADDRESS	2 LANTARACE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BUSHNELL, RICHARD	
STREET ADDRESS	20 HERNANDEZ AVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, SHEILA	
STREET ADDRESS	39 MOODY BLVD.	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOEL, EUGENIA	
STREET ADDRESS	MALACOMPRA ROAD	
CITY-ST-ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PULLIAM, JAMES	
STREET ADDRESS	58 MOODY DRIVE	
CITY-ST-ZIP	PALM COAST FL	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DONALD HOSKINS	
13 STREET ADDRESS	2 Lantaraee Dr.	
14 CITY-ST-ZIP	PALM COAST, FL 32137	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JERRY SCHATZ	
23 STREET ADDRESS	5992 OCEANSHORE	
24 CITY-ST-ZIP	PALM COAST, FL 32137	
31 TITLE	TD	Change <input checked="" type="checkbox"/> Addition
32 NAME	DOLORES SCHATZ	
33 STREET ADDRESS	5992 OCEANSHORE	
34 CITY-ST-ZIP	PALM COAST, FL 32137	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SHEILA RICHARDSON	
43 STREET ADDRESS	39 MOODY DRIVE	
44 CITY-ST-ZIP	PALM COAST, FL 32137	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	HAROLD HARPE	
53 STREET ADDRESS	1 SWEET BAY DRIVE	
54 CITY-ST-ZIP	PALM COAST FL 32137	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	RICHARD BUSHNELL	
63 STREET ADDRESS	20 HERNANDEZ AVE	
64 CITY-ST-ZIP	PALM COAST FL 32137	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SHEILA S. RICHARDSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sheila S. Richardson* 4/5/96

**904-445-4959**

Date

Daytime Phone #

CR2E037 (12/95)

Addition to Document # N26948 Section 12  
The Hammock Community Center Corporation

D  
WILLIAM RICHARDSON  
39 MOODY DRIVE  
PALM COAST FL 32137

D  
VICKIE MCCARTNEY  
P.O. BOX 644  
PALM COAST FL 32137 N/A

D  
JANICE HOSKINS  
1 LANTARACE DRIVE  
PALM COAST FL 32137

D  
Barbara Drummond-Huth  
5918 Oceanshore  
Palm Coast FL 32137

D  
PAT SCHENK  
60 MOODY DRIVE  
PALM COAST FL 32137