

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26948** (2)  
1. Corporation Name  
**THE HAMMOCK COMMUNITY CENTER CORPORATION INC.**



Principal Place of Business % SHELIA RICHARDSON PO BOX 1585 FOLLER BEACH FL 32136	Mailing Address % SHELIA RICHARDSON PO BOX 1585 FOLLER BEACH FL 32136-1585
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/15/1988</b>	3a. Date of Last Report <b>02/07/1996</b>
21		26		4. FEI Number <b>59-3023536</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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 <b>PATRICIA SCHENCK</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>60 MOODY DR</b> 83 84 City <b>PALM COAST</b> FL 85 Zip Code <b>32137</b>	

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 PATRICIA SCHENCK (NOTE: Registered Agent signature required when reinstating) DATE JAN 15, 1997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HOSKINS, DONALD -2 LANATRACE DR PALM COAST FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SCHATZ, JERRY 5992 OCEANSHORE PALM COAST FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SCHATZ, DOLORES 5992 OCEANSHORE PALM COAST FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD RICHARDSON, SHEILA 39 MOODY BLVD. PALM COAST FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D NOEL, EUGENIA MALACOMPRA ROAD PALM COAST FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PULLIAM, JAMES 58 MOODY DRIVE PALM COAST FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE [Signature] DATE 2/11/97

CR2E037 (9/96)