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Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 FLAGLER BEACH FL 32136	Mailing Address % SHELIA RICHARDSON PO BOX 1585 FLAGLER BEACH FL 32136
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3. Date Incorporated or Qualified 06/15/1988	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-3023536		

2. Principal Place of Business 21 SCHENCK, PATRICIA Suite, Apt. #, etc. 22	2a. Mailing Address 26 60 MOODY DR Suite, Apt. #, etc. 27
City & State 23 PALM COAST FL	City & State 28
Zip 24 32137	Country 25 FLAGLER
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHENCK, PATRICIA
60 MOODY DR
PALM COAST FL 32137**

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 *Patricia Schenck* DATE *March 11, 1998*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOSKINS, DONALD	
STREET ADDRESS	-2 LANATRACE DR	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHENCK, PATRICIA	
STREET ADDRESS	60 MOODY DR	
CITY-ST-ZIP	PALM COAST FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHATZ, DOLORES	
STREET ADDRESS	5992 OCEANSHORE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHENK, PATRICIA	
STREET ADDRESS	60 MOODY DR	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD	
1.3 STREET ADDRESS	SCHENCK, PATRICIA	
1.4 CITY-ST-ZIP	60 MOODY DR PALM COAST FL 32137	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOSKINS, DONALD	
2.3 STREET ADDRESS	2 LANATRACE DR	
2.4 CITY-ST-ZIP	PALM COAST FL 32137	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Patricia Schenck* **3/11/98** **(904) 446-0044**

CR2E037 (10/97)