

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90007 002 ****61.25

DOCUMENT # N26948

1. Corporation Name

THE HAMMOCK COMMUNITY CENTER CORPORATION INC.

Principal Place of Business

C/O SCHENCK, PATRICIA
60 MOODY DRIVE
PALM COAST FL 32137
US

Mailing Address

C/O SCHENCK, PATRICIA
60 MOODY DRIVE
PALM COAST FL 32137
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/15/1988

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

9. Name and Address of Current Registered Agent

SCHENCK, PATRICIA
60 MOODY DR
PALM COAST FL 32137

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME HOSKINS, DONALD
STREET ADDRESS 2 LANTARACE DRIVE
CITY-ST-ZIP PALM COAST FL

TITLE PD
NAME SCHENCK, PATRICIA
STREET ADDRESS 60 MOODY DR
CITY-ST-ZIP PALM COAST FL

TITLE TD
NAME SCHATZ, DOLORES
STREET ADDRESS 5992 OCEANSHORE
CITY-ST-ZIP PALM COAST FL

TITLE SD
NAME SCHENK, PATRICIA
STREET ADDRESS 60 MOODY DR
CITY-ST-ZIP PALM COAST FL

TITLE D
NAME NOEL, EUGENIA
STREET ADDRESS MALACOMPRA ROAD
CITY-ST-ZIP PALM COAST FL

TITLE D
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 PD
1.2 NAME HOSKINS, DONALD
1.3 STREET ADDRESS 2 LANTARACE DR.
1.4 CITY-ST-ZIP PALM COAST, FL 32137

2.1 TITLE VD
2.2 NAME SCHENCK, PATRICIA
2.3 STREET ADDRESS 60 MOODY DR.
2.4 CITY-ST-ZIP PALM COAST, FL 32137

3.1 TITLE TD
3.2 NAME SCHATZ, DOLORES
3.3 STREET ADDRESS 5992 N. OCEANSHORE
3.4 CITY-ST-ZIP PALM COAST, FL 32137

4.1 TITLE SD
4.2 NAME BARBARA DRUMMOND HUTH
4.3 STREET ADDRESS 5918 N. OCEANSHORE
4.4 CITY-ST-ZIP PALM COAST, FL 32137

5.1 TITLE
5.2 NAME SAME AS LAST YR.
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME SAME AS LAST YR.
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/3/99

904-445-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)