

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26948

1. Entity Name

THE HAMMOCK COMMUNITY CENTER CORPORATION INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90080 012 ****61.25

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| C/O SCHENCK, PATRICIA 60 MOODY DRIVE PALM COAST FL 32137 US | C/O SCHENCK, PATRICIA 60 MOODY DRIVE PALM COAST FL 32137-2439 US |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | |
|----------------------------------|--------------------------------|
| 4. FEI Number | Applied For |
| 59-3023536 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHENCK, PATRICIA
60 MOODY DR
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name Sarah S. Shaffer
Street Address (P.O. Box Number is Not Acceptable)
15 - 16th Rd W.
Hammock
City FL Zip Code 32137-3225

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.

SIGNATURE Sarah S. Shaffer Sarah P. Shaffer 4-19-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | | |
|-----------------------------|---|--------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-----------------------------|---|--------------------------------|--|

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HOSKINS, DONALD | |
| STREET ADDRESS | 2 LANTARACE DRIVE | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SCHENCK, PATRICIA | |
| STREET ADDRESS | 60 MOODY DR | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | SCHATZ, DOLORES | |
| STREET ADDRESS | 5992 OCEANSHORE | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HUTH DUMMOND, BARBARA | |
| STREET ADDRESS | 5918 N OCEANSHORE | |
| CITY-ST-ZIP | PALM COAST FL 32137 | |
| TITLE | D | <input checked="" 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Shaffer Sarah S. | |
| STREET ADDRESS | 15 - 16th Rd W. | |
| CITY-ST-ZIP | Hammock, FL 32137-3225 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Schatz, Dolores | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 5992 Ocean Shore | |
| STREET ADDRESS | Palm Coast, FL 32137 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 exemption.

SIGNATURE: Sarah P. Shaffer 4-19-00 9044458227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)