

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90683 037 ****61.25

DOCUMENT # N26948

1. Entity Name

THE HAMMOCK COMMUNITY CENTER CORPORATION INC.

Principal Place of Business

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

Mailing Address

SARAH S SHAFFER
15-16TH ROAD WEST
PALM COAST FL 32137
US

2. Principal Place of Business

% SARAH Shaffer
Suite, Apt. #, etc.

3. Mailing Address

15-16th Rd west
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

The Hammock, FL.

32137

US

4. FEI Number

59-3023536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAFFER, SARAH S
15-16 ROAD WEST
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 Shaffer*
Signature, typed or printed name of registered agent and title if applicable.

Sarah Shaffer

(NOTE: Registered Agent signature required when reinstating)

4-1-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOSKINS, DONALD
STREET ADDRESS 2 LANTARACE DRIVE
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE VD
NAME MCELERY, CORAL *McCleery, Carol*
STREET ADDRESS 8 SYCAMORE TERRACE
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE T
NAME SHAFFER, SARAH S
STREET ADDRESS 15-16 ROAD WEST
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE SD
NAME HUTH DUMMOND, BARBARA
STREET ADDRESS 5918 N OCEANSHORE
CITY-ST-ZIP PALM COAST FL 32137 ☒ Delete

TITLE D
NAME SCHATZ, DELORES
STREET ADDRESS 5992 OCEAN SHORE
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

TITLE D
NAME PULLIAM, JAMES
STREET ADDRESS 58 MOODY DRIVE
CITY-ST-ZIP PALM COAST FL ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME *McCleery, Carol*
STREET ADDRESS *8 SYCAMORE Terrace*
CITY-ST-ZIP *Palm Coast, FL 32137* ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME *Schober, Lorene*
STREET ADDRESS *6 Sweet Bay Dr*
CITY-ST-ZIP *Palm Coast, FL 32137* ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME *McCartney, Vickie*
STREET ADDRESS *43 Weldon Way*
CITY-ST-ZIP *Palm Coast, FL 32137* ☐ Change ☒ Addition

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 empowered.

SIGNATURE: *Sarah Shaffer* *Sarah Shaffer* 4-1-02 386-4458227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0059238

CR2E037 (9/01)