

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N26948	
1. Entity Name THE HAMMOCK COMMUNITY CENTER CORPORATION INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -3 AM 9:51

REINSTATEMENT 04-05



Principal Place of Business C/O DONALD HOPKINS INTERTRACE DR PALM COAST, FL 32137 US	Mailing Address C/O DONALD HOPKINS INTERTRACE DR PALM COAST, FL 32137 US
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2. Principal Place of Business C/O DONALD HOSKINS Suite, Apt. #, etc. 2 LANTARACE DRIVE City & State THE HAMMOCK, FL Zip 32137-2606 Country USA	3. Mailing Address C/O DONALD HOSKINS Suite, Apt. #, etc. 2 LANTARACE DRIVE City & State THE HAMMOCK, FL Zip 32137-2606 Country USA
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02072005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3023536	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOSKINS, DONALD 2 INTERTRACE DR PALM COAST, FL 32137	
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7. Name and Address of New Registered Agent Name HOSKINS, DONALD Street Address (P.O. Box Number is Not Acceptable) 2 LANTARACE, DRIVE City THE HAMMOCK FL Zip Code 32137-2606	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Donald Hoskins 400048161004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 03/11/05-01002-008 ***122.50

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSKINS, DONALD 2 LANTARACE DRIVE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSKINS, DONALD 2 LANTARACE DRIVE THE HAMMOCK, FL 32137-2606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCERY, CAROLE 8 SYCOMRE TER PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T McClery, Carole 8 SYCOMRE TER THE HAMMOCK, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOBBER, LORENE 6 SWEET BAY DRIVE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOBBER, LORENE 6 SWEET BAY DRIVE THE HAMMOCK, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHATZ, DELORES 5992 OCEAN SHORE PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAVICE HOSKINS 1 LANTARACE DRIVE THE HAMMOCK, FL, 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMCCARTNEY, VICKIE 43 WELDON WAY PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT RUBINO 6931, N. OCEANSHORE BLVD THE HAMMOCK, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAROLD HARPE ARMOUR BEACH DR THE HAMMOCK, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Donald Hoskins DONALD HOSKINS, 26 FEB, 2005 1-386-446-5246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #