

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90058 018 *****61.25

DOCUMENT # N26948

1. Entity Name

THE HAMMOCK COMMUNITY CENTER CORPORATION INC.



Principal Place of Business

C/O SARAH SHAFFER
15-16TH RD WEST
THE HAMMOCK FL 32137
US

Mailing Address

C/O SARAH SHAFFER
15-16TH RD WEST
THE HAMMOCK FL 32137
US

JUU00443



2. Principal Place of Business

C/O Donald M. Hoskins
Suite, Apt. #, etc.
2 Lantarace Drive

3. Mailing Address

C/O Donald M. Hoskins
Suite, Apt. #, etc.
2 Lantarace Drive

☐ CHECK HERE IF MAKING CHANGES

City & State

Palm Coast, FL

City & State

Palm Coast, FL

4. FEI Number **59-3023536**

Applied For

Not Applicable

Zip
32137-2606

Country
Flagler

Zip
32137-2606

Country
Flagler

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
Donald M. Hoskins

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

City
Palm Coast

FL

Zip Code
32137-2606

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 M. Hoskins*

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

(NOTE: Registered Agent signature required when reinstating)

Mar. 24, 2003

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
Florida 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 MCCLEARY, 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 SCHOBBER, LORENE
STREET ADDRESS 6 SWEET BAY DRIVE
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 MCMCCARTNEY, VICKIE
STREET ADDRESS 43 WELDON WAY
CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE T
NAME MCCLERY, CAROLE
STREET ADDRESS 8 SYCAMORE TERRACE
CITY-ST-ZIP PALM COAST FL 32137 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Donald M. Hoskins*

Mar. 24, 2003 1-386-446-5716

CR2E037 (10/02)