

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90013 029 ****70.00

DOCUMENT # N38957

1. Entity Name

HYPATIA, INC.



Principal Place of Business

DEPARTMENT OF PHILOSOPHY/ PSU
240 SPARKS BUILDING
UNIVERSITY PARK PA 16802-5201
US

Mailing Address

P.O. BOX 357850
GAINESVILLE FL 32635-7850
US

54036963



MOORE CR2E037 (11/03)

2. Principal Place of Business

DEPARTMENT OF PHILOSOPHY/MSU

3. Mailing Address

Suite, Apt. #, etc.

503 S. Kedzie Hall

City & State

East Lansing MI

City & State

Zip

48824-1032

Country

USA

Zip

Country

4. FEI Number

37-1188944

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUTTE, OFELIA
5232 NW 54TH COURT
GAINESVILLE FL 32653

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHUTTE, OFELIA 5232 NW 54TH COURT GAINESVILLE FL 32653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, MARGARET 683 CHAPMAN EDWARDSVILLE IL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, CHERYL UNIV. OF S. FL., DPET OF POLI. SCI. TAMPA FL 33620	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUANA, NANCY PENN ST. UNIV., DPET OF PHILOSOPHY UNIVERSITY PARK PA 16802-5201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHRAGE, LAURIE CSU-POMONA/DEPT OF PHILOS POMONA CA 91768	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> [Signature]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HILDE NELSON MICHIGAN ST. UNIV. 503 S. Kedzie Hall East Lansing MI 48824-1032 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SALLY HASLANGER MIT Dept of Linguistics & Philosophy 77 Mass. Ave. Cambridge MA 02139-4307 <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: Ofelia Schutte **OFELIA SCHUTTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2004 (352) 374-4570

Date Daytime Phone #