

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # N40061

1. Entity Name
HDC FOUNDATION, INC.



Principal Place of Business
7809 MASSACHUSETTS AVE
NEW PT RICHEY, FL 34653 US

Mailing Address
PO BOX 428
NEW PORT RICHEY, FL 34656-0428 US



01302008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3007548

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR., ESQ
6645 RIDGE ROAD
PORT RICHEY, FL 34668

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	DENNIS, MARIE
STREET ADDRESS	1913 DARTMOUTH DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	VCD
NAME	BARNETT, BEVERLY
STREET ADDRESS	6220 MISSOURI AVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	D
NAME	HELIE, KING
STREET ADDRESS	3707 CORSAIR COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	CD
NAME	LEONARDO, DOUGLAS
STREET ADDRESS	4601 FARMHOUSE DRIVE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	OLDS SUSAN,
STREET ADDRESS	1278 CLAYS TRAIL
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	CHESNUT, PHILLIP
STREET ADDRESS	6331 GARLAND COURT
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-08

Date

727-816-9851

Daytime Phone #