FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 10 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000005651 (5)**

1. Corporation Name
HILL FOUNDATION, INC.

Principal Place of Business	Mailing Address
157 NW 16TH STREET BELLE GLADE FL 33430	157 NW 16TH STREET BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1993
3a. Date of Last Report: 04/11/1994
4. FEI Number: 65-0456201 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1324 S. MAIN ST	26 1324 S MAIN ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Belle Glade, FL	28 City & State: Belle Glade, FL.
24 Zip: 33430 25 Country: USA	29 Zip: 33430 30 Country: USA

9. Name and Address of Current Registered Agent

HILL H.E.
1533 NW AVE. L
BELLE GLADE FL 33430

10. Name and Address of New Registered Agent

81 Name: CALVIN D. ALSTON
82 Street Address (P.O. Box Number is Not Acceptable): 1324 S. MAIN ST
83
84 City: Belle Glade FL 85 Zip Code: 33430

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Calvin D. Alston — 3/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☑ Addition
NAME	HILL, H E	12 NAME	CALVIN D. ALSTON	
STREET ADDRESS	157 NW 16TH STREET	13 STREET ADDRESS	1324 S MAIN ST.	
CITY-ST-ZIP	BELLE GLADE FL 33430	14 CITY-ST-ZIP	Belle Glade, FL. 33430	
TITLE	D	21 TITLE	D	☐ Change ☑ Addition
NAME	HOPPMANN, ROBERT D	22 NAME	Deborah K. ALSTON	
STREET ADDRESS	2135 S CONGRESS AVE	23 STREET ADDRESS	1324 S MAIN ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	24 CITY-ST-ZIP	Belle Glade, FL. 33430	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	~~HARRELL, LOMAX D~~ Delete	32 NAME		
STREET ADDRESS	2135 S CONGRESS AVE	33 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33406	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	~~UNDERWOOD, SHARON D~~ Delete	42 NAME		
STREET ADDRESS	705 NE SECOND STREET	43 STREET ADDRESS		
CITY-ST-ZIP	BELLE GLADE FL 33430	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X H.E. Hill — H.E. Hill — 3/28/95 — 407-996-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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