2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# N94000002215

Entity Name: HOGAN CREEK TOWERS RESIDENT COUNCIL, INC.

Current Principal Place of Business:

1320 N. BROAD STREET
RMC OFFICE
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

1320 N. BROAD STREET
RMC OFFICE
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 59-3261369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACKSONVILLE AREA LEGAL AID, INC.
126 W. ADAMS STEET
FIRST FLOOR
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GILLINS, ELOUISE
Address: 1320 BROAD ST APT. 316
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD ( ) Delete
Name: WATKINS, JOHNNY
Address: 1320 BROAD ST APT 1006
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD ( ) Delete
Name: WATSON, CLARA
Address: 1320 BROAD ST 513
City-St-Zip: JACKSONVILLE, FL 32202

Title: TD ( ) Delete
Name: JOHNSON, BETTY
Address: 1320 BROAD ST APT 1010
City-St-Zip: JACKSONVILLE, FL 32202

Title: CD ( ) Delete
Name: LEWIS, LEILA
Address: 1320 BROAD ST APT 408
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD ( ) Delete
Name: ASKEW, DOROTHY
Address: 1320 BROAD ST APT 613
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: WATSON, CLARA
Address: 1320 BROAD ST 312
City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELOUISE W GILLINS PD 01/21/2009

Electronic Signature of Signing Officer or Director — Date