

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

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002040

1. Entity Name
HILDEGARD LASH FOUNDATION, INC.



Principal Place of Business
**2300 PRINCESS ESTATE ROAD
PALM COAST, FL 32137**

Mailing Address
**ATRIUM SUITE
1 FLORIDA PARK DR. S.
PALM COAST, FL 32137**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3379072

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KATZ, B. PAUL ESQUIRE
1 FLORIDA PARK DR S
ATRIUM SUITE
PALM COAST, FL 32137**

**DO NOT WRITE
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

City

**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 D
NAME KATZ, B. PAUL
STREET ADDRESS 2300 PRINCESS ESTATE ROAD
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D
NAME TABER, STUART
STREET ADDRESS 9148 FIELD CREST WALK
CITY-ST-ZIP COVINGTON, GA 30014

TITLE D
NAME LIPNER, SETH E
STREET ADDRESS 18 OLD BROOK ROAD
CITY-ST-ZIP DIX HILLS, NY 11746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000783365
01/16/08-80012-006 61.25

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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

Date

Daytime Phone

1-10-08