2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001087

1. Entity Name
THE HOWARD E. HILL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1324 S MAIN ST BELLE GLADE, FL 33430	1324 S MAIN ST BELLE GLADE, FL 33430

01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1513075
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALSTON, BARBARA H
1324 S MAIN ST
BELLE GLADE, FL 33430

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILL, HOWARD E DE
STREET ADDRESS	1324 S MAIN ST
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	VD
NAME	MAILMAN, JENNIFER
STREET ADDRESS	1324 S MAIN ST
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	HOPPMANN, ROBERT D
STREET ADDRESS	2135 S CONGRESS ACE, SUITE 1C
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	STD
NAME	ALSTON, BARBARA H
STREET ADDRESS	1324 SOUTH MAIN STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: HE Hill Pres/P 2/18/07 5619964524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #