


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006846
 1. Entity Name
 HEMLOCK SOCIETY OF FLORIDA, INC.



Principal Place of Business
 9005 SCARSDALE CT
 H
 W MELBOURNE, FL 32904-2012

Mailing Address
 PO BOX 121093
 W MELBOURNE, FL 32912-1093

DO NOT WRITE IN THIS SPACE



02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0799794	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLAMM, DONNA M
 9005-H SCARSDALE CT
 MELBOURNE, FL 32904-2012

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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: Donna Klamm DONNA KLAMM Jan 18, 2008
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

000000837941
 03/05/08-80010-020 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KLAMM, DONNA P/D 9005-H SCARSDALE CT W MELBOURNE, FL 329042012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D WESTERFIELD, PORTIA 4115 CREEK WOODS LANE MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS/D PLAISANT, ANNELIES 3914 NW 37 PLACE GAINESVILLE, FL 326066145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D CONWAY, MARTHA 711 AUTUMN GLEN DRIVE MELBOURNE, FL 32940
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: Donna Klamm DONNA KLAMM 02/18/08 800.849.9349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #