

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90116 020 \*\*\*\*70.00

SECRET

**DOCUMENT # N97000006846**

1. Entity Name  
**HEMLOCK SOCIETY OF FLORIDA, INC.**



Principal Place of Business

~~42769 HWY 27  
LOT 43  
DAVENPORT FL 33837~~

Mailing Address

~~42769 HWY 27  
LOT 43  
DAVENPORT FL 33837~~

2. Principal Place of Business

**9005 SCARSDALE COURT**

3. Mailing Address

**PO Box 121093**

Suite, Apt. #, etc.

**H**

Suite, Apt. #, etc.

City & State

**W MELBOURNE FL**

City & State

**W. MELBOURNE FL**

Zip

Country

**32904-2012 USA**

Zip

Country

**32912-1093 USA**

4. FEI Number **65-0799794**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**STINNETT, GLEN W T  
42769 HWY 27  
LOT 43  
DAVENPORT FL 33837**

7. Name and Address of New Registered Agent

Name  
**DONNA M KLAMM**  
Street Address (P.O. Box Number is Not Acceptable)  
**9005-H SCARSDALE COURT**  
City  
**W. MELBOURNE FL** Zip Code  
**32904-2012**

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 M Klammm*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**May 12, 2003**  
DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Delete
NAME	KLAMM, DONNA P/D	
STREET ADDRESS	3550 SALT OCEAN DR. #1110.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	DWYER, DIANE VP/D	
STREET ADDRESS	2519 LONYGAN PL	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	WESTERFIELD, PORTIA S/D	
STREET ADDRESS	4115 CREEK WOODS LANE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	CS/D	<input checked="" type="checkbox"/> Delete
NAME	NORTON, ELIZABETH CS/D	
STREET ADDRESS	26 WATER OAKS WAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	STINNETT, GLEN W T/D	
STREET ADDRESS	42769 HWY 27 LOT 43	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9005-H SCARSDALE COURT	
CITY-ST-ZIP	W. MELBOURNE FL 32904-2012	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2519 LONIGAN PLACE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 M Klammm* **DOWNNA M KLAMM 05/12/03 800-849-9319**

CR2E037 (10/02)