
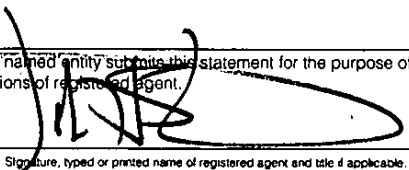
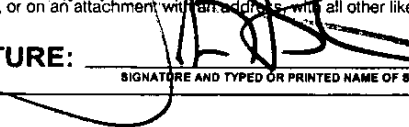


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90016 036 \*\*\*\*61.25

<b>DOCUMENT # N97000006982</b> 1. Entity Name <b>THE HILLMYER-TREMONT STUDENT ATHLETE FOUNDATION, INC.</b>					
Principal Place of Business <b>10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912</b>			Mailing Address <b>8961 CONFERENCE DRIVE SUITE 2 FORT MYERS, FL 33919</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0803239</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STROEMER TUSCAN &amp; COMPANY 8961 CONFERENCE DRIVE SUITE 2 FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name <b>Stroemer &amp; Company, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8961 Conference Drive</b> <b>Suite 2</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33919</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			(JOHN STROEMER) <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HILLMYER, BARRY 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD STROEMER, JOHN H CPA 8961 CONFERENCE DRIVE, SUITE 2 FORT MYERS, FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D Stroemer, John H CPA 8961 Conference Drive, Suite 2 Fort Myers, FL 33919</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MCMURRAY, DARIN ESQ 7866 GO CANES WAY FORT MYERS, FL 33912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D Mcmurray, Darin 7866 Go Canes Way Fort Myers, FL 33966</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRIMALDI, SAM B 10481 SIX MILE CYPRESS PKWY FORT MYERS, FL 33912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D GNAGEY, BONNIE HILLMYER 12910 KEDLESTON CIRCLE FORT MYERS, FL 33912</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MAZZOLA, JOSEPH 7751 BAYSHORE ROAD NORTH FORT MYERS, FL 33917</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SWANSON, DUANE 15761 GREY FRIAR COURT FORT MYERS, FL 33912</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILES, MARK 7851 SUPPLY DRIVE FORT MYERS, FL 33912</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(JOHN STROEMER) <b>4/13/08</b> <b>(239) 433-1002</b> <small>Date Daytime Phone #</small>		