

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002326

Entity Name: J. TIMOTHY HOGAN FOUNDATION, INC.**Current Principal Place of Business:**9002 GULF SHORE DR
NAPLES, FL 34108**Current Mailing Address:**9002 GULF SHORE DR
NAPLES, FL 34108 US**FEI Number:** 65-0999738**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIUSTIZIA, ELIZABETH
9002 GULF SHORE DR
NAPLES, FL 34108 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	SCOONES, PATRICIA
Address	571 94TH AVE
City-State-Zip:	NAPLES FL 34108

Title	D
Name	THOMSON, PEGGY
Address	4310 TARPON AVE
City-State-Zip:	BONITA FL 34134

Title	DP
Name	PESSOLANO, GERALDINE
Address	28200 WINTHROP CIR
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DS
Name	HOGAN, CARLEY
Address	9002 GULF SHORE DR
City-State-Zip:	NAPLES FL 34108

Title	DT
Name	GIUSTIZIA, ELIZABETH
Address	16234 RAVINA WAY
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	VESCI, MARI
Address	9002 GULF SHORE DR
City-State-Zip:	NAPLES FL 34108

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH GIUSTIZIA**TREASURER****04/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date