2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2024
Secretary of State
3327891325CC

DOCUMENT# N09000004540

Entity Name: HAM-LOU FOUNDATION INC.

Current Principal Place of Business:

4031 NW BETHEL ROAD
BRISTOL, FL 32321

Current Mailing Address:

4029 NW BETHEL ROAD
BRISTOL, FL 32321 US

FEI Number: 85-3592222

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMONS, IMMANUEL
4031 NW BETHEL ROAD
BRISTOL, FL 32321 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: VELMA SIMMONS 04/14/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	SIMMONS, IMMANUEL
Address	4031 NW BETHEL ROAD
City-State-Zip:	BRISTOL FL 32321

Title	D
Name	MCGLOCKTON, JR., H.L.
Address	10002 PARK MEADOW DR
City-State-Zip:	HOUSTON TX 77089

Title	D
Name	MCGLOCKTON, SAMUEL E
Address	4028 NW BETHEL ROAD
City-State-Zip:	BRISTOL FL 32321

Title	DIRECTOR
Name	BROXTON, ALFONZO
Address	580 REECE DRIVE
City-State-Zip:	HOSCHTON GA 30548

Title	D
Name	MCGLOCKTON, WILLIAM
Address	201 STONEBRIDGE DR
City-State-Zip:	LONGWOOD FL 32779

Title	D
Name	MCGLOCKTON, CARL E
Address	40 CATTLEWALK WAY
City-State-Zip:	COVINGTON GA 30016

Title	CEO,CFO,TR
Name	SIMMONS, VELMA
Address	135 OCEAN PARKWAY
City-State-Zip:	NEW YORK NY 11218

Title	DIRECTOR
Name	MCGLOCKTON, SHAY
Address	16480 SE RIVER STREET
City-State-Zip:	BLOUNSTSTOWN FL 32424

Continues on page 2

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: VELMA SIMMONS CEO, CFO, TR 04/14/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DEMPS, MILDRED
Address	4029 NW BETHEL ROAD
City-State-Zip:	BRISTOL FL 32321

Title	S
Name	COLEMAN, ANTOINTETTE
Address	10 ELIAS LANE
City-State-Zip:	PALM COAST FL 32164