

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20380

Entity Name: HEMLOCK FOUNDATION OF FLORIDA, INC.**Current Principal Place of Business:**1239 MITCHELL AVE
TALLAHASSEE, FL 32303**Current Mailing Address:**P.O. BOX 1115
TALLAHASSEE, FL 32302 US**FEI Number: 59-2821314****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HANWAY, JULIA
1239 MITCHELL AVE.
TALLAHASSEE, FL 32303 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	BOARD CHAIR
Name	HANWAY, JULIA
Address	1239 MITCHELL AVE
City-State-Zip:	TALLAHASSEE FL 32303

Title	BOARD MEMBER
Name	JUDY, GRAY
Address	116 MIDDLEBROOKS CIR
City-State-Zip:	TALLAHASSEE FL 32312

Title	BOARD MEMBER
Name	KESSLER, HOWARD DR.
Address	251 LEVY BAY RD
City-State-Zip:	PANACEA FL 32346-2468

Title	ADVISOR TO THE BOARD
Name	KLAMM, DONNA
Address	9005 SCARSDALE CT. - H
City-State-Zip:	WEST MELBOURNE FL 32904-2012

Title	ADVISOR TO THE BOARD
Name	AKE, JUDITH
Address	1050 SW 16TH STREET
City-State-Zip:	BOCA RATOAN FL 33486

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: JULIA D HANWAY**BOARD CHAIR****04/11/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date