FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:14

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750901 (1)

1. Corporation Name

HOPE FAMILY SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1624 BRADENTON FL 34206	P.O. BOX 1624 BRADENTON FL 34206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1980
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1970241 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEONARD, ASHLEY 4303 1ST ST E. STE 230 BRADENTON FL 34208	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	11 TITLE	TREASURER	☒ Change ☐ Addition
NAME	WALKER, LINDA	12 NAME		
STREET ADDRESS	3608 21ST AVE W	13 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☒ Change ☐ Addition
NAME	PLUM, MICHELLE	22 NAME	Delete	
STREET ADDRESS	1509 4TH ST. WEST	23 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	P/D	☒ Change ☐ Addition
NAME	ECONOMOU, DENO	32 NAME		
STREET ADDRESS	P.O. BOX 1000 (N/A)	33 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP		
TITLE	M	41 TITLE		☐ Change ☐ Addition
NAME	LEONARD,ASHLEY	42 NAME		
STREET ADDRESS	1825-A MANATEE AVE. WEST	43 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP		
TITLE	S/D	51 TITLE		☐ Change ☐ Addition
NAME	SOUDIJN, MARIANNE	52 NAME		
STREET ADDRESS	2012 91ST ST NW	53 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL.	54 CITY-ST-ZIP		
TITLE		61 TITLE	VD	☐ Change ☒ Addition
NAME	Carolyn A. Mauro	62 NAME		
STREET ADDRESS	4653 LaJolla Drive	63 STREET ADDRESS		
CITY-ST-ZIP	Bradenton, FL 34210	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michelle A Plum 1/16/95 (813)747-7790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063378