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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham '

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

750901

(1)

HOPE FAMILY SERVICES, INC.

Principal Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



| P.O. BOX 1624 BRADENTON FL | . 34206 | P.O. BOX 1624 BRADENTON FL 34206-1624 | | | | | | |
|---|--|--|-------------------|------------------------------------|--|--------------------------------|--------------------|--|
| | | | | | 3. Date Incorporated or Qualified 02/01/1980 | 3a. Date of Last Re 02/07/19 | 96 | |
| 2. Principal Pia | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Ap | plied For | |
| 21 | | 26 | | | 59-1970241 | No | ! Applicable | |
| 22 | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | 6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip | Country Zip Cou | | Country | | 8. This corporation has liability for intangible tax under s. 199.032, | | | |
| | | 29 | *1 | | Florida Statutes | | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | |
| | | | 81 | Name Laur | el A. Lynch | | | |
| LEONAR | | 82 | | | | | | |
| 4303 1S | | 4303 1st Street | | | | | | |
| STE 230 | | | 83 Suite | | e 230 | | | |
| -4 | ITON FL 34208 | _ | 84 | City Brad | enton | FL 85 Zip 342 | 0 8 | |
| 11. Pursuant te | o the provisions of Sections 617.050 | 2 and 612.1508, Florida Statut | es, the above | -named cor | poration submits this statement for the p | urpose of changing its | registered | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered eigent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes. | | | | | | | | |
| SIGNATURE TRUNCATION. 3/ February 197 | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | | E Registered Ager | ni signature requ | ured when reinstating) | DATE | 117 | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFIC | | | |
| TITLE | T | 🔀 DELETE | 1.1 TITLE | v | D | Change | XX Addition | |
| NAME | WALKER, LINDA | | 1.2 NAME | R | .B. "Chips" Shore | | | |
| STREET ADDRESS | | | 1.3 STREET ADDRE | | 1115 Manatee Avenue, W. | | | |
| CITY-ST-ZIP | BRADENTON, FL | | 1.4 CITY-ST | -ZIP B | radenton, Fl. 342 | <u>05</u> | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | P | D | ★ Change | Addition (| |
| NAME | MAURO, CAROLYN A. | | 2.2 NAME | | | | | |
| STREET ADDRESS | 4653 LAJOLLA DR | | 2.3 STREET / | ADDRESS | | | ŀ | |
| CITY-ST-ZIP | BRADENTON FL | | 2. 4 CITY - S | | <u> </u> | | | |
| TITLE | PD PROMISE PROMISE | X DELETE | 3.1 TITLE | C | lara C. Campbell | ☐ Change | XXAddition | |
| NAME | ECONOMOU, DENO | | 3.2 NAME | 1 | 112 Manatee Ave., | W. #453 | | |
| STREET ADDRESS | P.O, BOX 1000 (N/A) | | 3 3 STREET / | $^{	ext{ADDRESS}} [\mathbf{B}]$ | radenton, FL 342 | | | |
| CITY-ST-ZIP_ | BRADENTON FL | N britze | 3.4. CHTY-S | T-ZIP | | 1 AL | YY agains a | |
| TITLE | M LEONADD AOUREN | K DELETE | 4.1 TITLE | †K | obert Evans | ☐ Change | XX Addition | |
| NAME | LEONARD, ASHLEY | | 4. 2 NAME | 7: | 15 Fontana Lane | | | |
| STREET ADDRESS | 4303 1ST STREET, # 230 | | 4.3 STREET | ADDRESS B: | radenton, FL. 342 | 09 | | |
| CITY-ST-ZIP | BRADENTON FL | M press | 4.4 CITY - ST | - ZIP | • | | YY . are: | |
| TITLE | S/D | ₹ DELETE | 5.1 TITLE | ήĐ | inda Hulin 607 Senrab Drive | ☐ Change | Addition | |
| NAME | SOUDIJN, MARIANNE | | 5.2 NAME | <u> </u> | inda Hulin | | ľ | |
| STREET ADDRESS | 2012 91ST ST NW | | 5.3 STREET A | | | | | |
| CITY-ST-ZIP | BRADENTON, FL. | | 54 CITY-SI | 1-7IP <u>B</u> 1 | radenton, FL. 342 | 09 | ~~ | |
| TITLE | | ☐ DELETE | 6.1 TITLE | $-\mathbf{J}/\mathrm{L}$: | inda Stevenson | ☐ Change | XX Addition | |
| NAME | | | 6.2 NAME | 49 | 900 Manatee Avenue | , W. #101 | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS Bi | radenton, Florida | 34209 | | |
| CITY-ST-ZIP | us partifus that the information quality | The Abrilla Ethin and the Committee of t | 6.4 CITY - ST | -ZIP | ed in Section 110 07/9//). Elevide Statute | | | |

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.