

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006861

FILED
May 04, 2012
Secretary of State

Entity Name: THE CENTER OF HOPE OF SOUTH COUNTY, INC.

Current Principal Place of Business:

1216 E. VENICE AVENUE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

1216 E. VENICE AVENUE
VENICE, FL 34285

New Mailing Address:

FEI Number: 65-1049834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLELAND, LYNETTE E
4730 HERON ROAD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: MCCLELAND, JAMES J
Address: 4730 HERON ROAD
City-St-Zip: VENICE, FL 34293

Title: VP
Name: MCCLELAND, LYNETTE E
Address: 4730 HERON ROAD
City-St-Zip: VENICE, FL 34293

Title: D
Name: TUTCHER, DELORES
Address: 1426 GRAHAM ROAD
City-St-Zip: VENICE, FL 34293

Title: TREA
Name: RESSA, CHARLOTTE
Address: 869 WOOD SORREL LANE
City-St-Zip: VENICE, FL 34293

Title: S
Name: DAVID, DOLLY
Address: 1039 W. BAFFIN
City-St-Zip: VENICE, FL 34293

Title: T
Name: SMITH, ROBERT
Address: 120 PRESERVE PLACE
City-St-Zip: NOKOMIS, FL 34275

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: LYNETTE E. MCCLELAND

VP

05/04/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date