

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002274

FILED
Apr 06, 2009
Secretary of State

Entity Name: HOPE PAVILLION, INC.

Current Principal Place of Business:

104 E. HARRIS ST.
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

104 E. HARRIS ST.
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 59-3741370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER
104 E. HARRIS ST.
HASTINGS, FL 32145 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: DP () Delete
Name: COLEMAN, CHRISTOPHER
Address: 200 CHASE ST.
City-St-Zip: HASTINGS, FL 32145

Title: DVP () Delete
Name: COLEMAN, ALICE
Address: 311 LODGE ST.
City-St-Zip: HASTINGS, FL 32145

Title: DS () Delete
Name: COLEMAN, ANGELA
Address: 311 LODGE ST.
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: COLEMAN, TRANNDA
Address: 200 CHASE ST.
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: WALKER, BENJAMIN
Address: 603 EAST ST.
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: BEAUFORD, BON-TERRELL
Address: 11 REDMILL DR.
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANGELA COLEMAN

DS

04/06/2009

Electronic Signature of Signing Officer or Director

Date