

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002274

FILED  
Mar 08, 2011  
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  
Name: COLEMAN, CHRISTOPHER  
Address: 200 CHASE ST.  
City-St-Zip: HASTINGS, FL 32145

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

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

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

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

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:** ALICE COLEMAN

DVP

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date