

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750901

Entity Name: HOPE FAMILY SERVICES, INC.**Current Principal Place of Business:**3215 9TH STREET WEST
BRADENTON, FL 34205**Current Mailing Address:**P.O. BOX 1624
BRADENTON, FL 34206**FEI Number: 59-1970241****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**LYNCH, LAUREL A CEO
3215 9TH STREET WEST
BRADENTON, FL 34205 US*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: LAUREL A. LYNCH****03/07/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name TABICMAN, LEN
Address PO BOX 1624
City-State-Zip: BRADENTON FL 34206

Title VP
Name AVERILL, TWILA
Address PO BOX 1624
City-State-Zip: BRADENTON FL 34206

Title SECRETARY
Name SMITH, JUDY DR.
Address PO BOX 1624
City-State-Zip: BRADENTON FL 34206

Title TD
Name SALISBURY, THOMAS
Address PO BOX 1624
City-State-Zip: BRADENTON FL 34206

Title D
Name TIMMONS, SUSAN
Address PO BOX 1624
City-State-Zip: BRADENTON FL 34206

Title D
Name HILLSTROM, ROBERT DR.
Address PO BOX 1624
City-State-Zip: BRADENTON FL 34206

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: LEN TABICMAN**PRESIDENT****03/07/2013**

Electronic Signature of Signing Officer/Director Detail

Date