

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006861

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

**Current Principal Place of Business:**

2395 SHAMROCK RD.  
VENICE, FL 34293

**Current Mailing Address:**

2395 SHAMROCK RD.  
VENICE, FL 34293 US

**FEI Number:** 65-1049834

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCCLELAND, LYNETTE E  
4730 HERON ROAD  
VENICE, FL 34293 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title TREASURER  
Name PETTY, MARY ELIZABETH  
Address 1056 PANDA  
City-State-Zip: VENICE FL 34293

Title MRS  
Name MIGEDT, ANGELA  
Address 1079 TAMIAMI TR N  
PMB 109  
City-State-Zip: NOKOMIS FL 34275

Title MR  
Name MIGEDT, RON  
Address 1079 TAMIAMI TR N  
PMB 109  
City-State-Zip: NOKOMIS FL 34275

Title CHAIRMAN  
Name TUERK, RON  
Address 875 MORGANTOWNE WAY  
City-State-Zip: VENICE FL 34292

*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

**VICE PRESIDENT**

**04/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date