

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006861

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC5527746113**

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

**Current Principal Place of Business:**

110 E. COLONIA LANE  
NOKOMIS, FL 34275

**Current Mailing Address:**

110 E. COLONIA LANE  
NOKOMIS, FL 34275 US

**FEI Number:** 65-1049834

**Certificate of Status Desired:** Yes

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

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

Title BOARD CHAIR  
Name PETTY, MARY ELIZABETH  
Address 110 E. COLONIA LANE  
City-State-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

**VICE PRESIDENT**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date