# DOCUMENT# N0000006861

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

## Name and Address of Current Registered Agent:

MCCLELAND, LYNETTE E 4730 HERON ROAD VENICE, FL 34293 US

Date

Certificate of Status Desired: Yes

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

## Officer/Director Detail :

Title	Р	Title	VP
Name	MCCLELAND, JAMES J	Name	MCCLELAND, LYNETTE E
Address	4730 HERON ROAD	Address	4730 HERON ROAD
City-State-Zip:	VENICE FL 34293	City-State-Zip:	VENICE FL 34293
Title	D	Title	TREA
Name	TUTCHER, DELORES	Name	RESSA, CHARLOTTE
Address	1426 GRAHAM ROAD	Address	869 WOOD SORREL LANE
City-State-Zip:	VENICE FL 34293	City-State-Zip:	VENICE FL 34293
Title	S	Title	BOARD CHAIR
Name	DAVID, DOLLY	Name	PETTY, MARY ELIZABETH
Address	1039 W. BAFFIN	Address	110 E. COLONIA LANE
City-State-Zip:	VENICE FL 34293	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

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date