2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002274

Entity Name: HOPE PAVILION INC.

Current Principal Place of Business:

110 PARK AVENUE HASTINGS, FL 32145

Current Mailing Address:

P.O. BOX 503

HASTINGS. FL 32145 US

FEI Number: 59-3741370 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER 110 PARK AVENUE HASTINGS, FL 32145 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

FILED Mar 15, 2016

Secretary of State

CC9669573396

Officer/Director Detail :

Title **TRUSTEE** Title CEO

COLEMAN, ALICE Name Name COLEMAN, ANTOINETTE

311 LODGE ST. 215 PARK AVENUE Address Address

City-State-Zip: HASTINGS FL 32145 City-State-Zip: HASTINGS FL 32145

Title **PRESIDENT** Title **TREASURER** Name WALKER, KATHY Name COLEMAN, JANICE

Address P.O. BOX 14 Address 311 LODGE ST.

HASTINGS FL 32145 City-State-Zip: City-State-Zip: HASTINGS FL 32145

Title TRUSTEE Title **SECRETARY**

Name HARRIS, DARRENTON WILSON, BARBARA Name Address 113 HIBISCUS ST. 9960 LIGHT AVE. Address City-State-Zip: PALATKA FL 32177 HASTINGS FL 32145 City-State-Zip:

Title Title TRUSTEE

Name COLEMAN, BARBARA WHITE, C. ERICA Name 108 PARK AVENUE Address 3773 ESPLANADE WAY Address City-State-Zip: HASTINGS FL 32145 TALLAHASSEE FL 32311 City-State-Zip:

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: ANTOINETTE B. COLEMAN

CHIEF EXECUTIVE **OFFICER**

03/15/2016