

2017 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**Officer/Director Detail :**

Title TRUSTEE
Name COLEMAN, ALICE
Address 311 LODGE ST.
City-State-Zip: HASTINGS FL 32145

Title TREASURER
Name COLEMAN, JANICE
Address 311 LODGE ST.
City-State-Zip: HASTINGS FL 32145

Title SECRETARY
Name WILSON, BARBARA
Address 9960 LIGHT AVE.
City-State-Zip: HASTINGS FL 32145

Title TRUSTEE
Name WHITE, C. ERICA
Address 3773 ESPLANADE WAY
City-State-Zip: TALLAHASSEE FL 32311

Title CEO
Name COLEMAN, ANTOINETTE
Address 215 PARK AVENUE
City-State-Zip: HASTINGS FL 32145

Title PRESIDENT
Name WALKER, KATHY
Address P.O. BOX 14
City-State-Zip: HASTINGS FL 32145

Title TRUSTEE
Name HARRIS, DARRENTON
Address 113 HIBISCUS ST.
City-State-Zip: PALATKA FL 32177

Title VP
Name COLEMAN, BARBARA
Address 108 PARK AVENUE
City-State-Zip: HASTINGS FL 32145

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

CEO

02/09/2017

Electronic Signature of Signing Officer/Director Detail_____
Date