

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002274

**Entity Name:** HOPE PAVILLION, INC.

**Current Principal Place of Business:**

110 PARK AVENUE  
HASTINGS, FL 32145

**Current Mailing Address:**

PO 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 DP  
Name COLEMAN, CHRISTOPHER  
Address 200 CHASE ST.  
City-State-Zip: HASTINGS FL 32145

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

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

Title D  
Name COLEMAN, TRANNDA  
Address 200 CHASE ST.  
City-State-Zip: HASTINGS FL 32145

Title D  
Name WALKER, BENJAMIN  
Address 603 EAST ST.  
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:** ALICE COLEMAN

**DVP**

**04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date