

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

DOCUMENT# N12000003811

**FILED**  
**Jan 09, 2013**  
**Secretary of State**  
**CC6028507989**

**Entity Name:** HOPE OF JOSHUA, INC.

**Current Principal Place of Business:**

3016 WHIRLAWAY TRAIL  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

4334 MILLWOOD LANE  
TALLAHASSEE, FL 32312

**FEI Number:** 45-2637524

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLOUD, KERRI CPA  
4334 MILLWOOD LANE  
TALLAHASSEE, FL 32312 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 CD  
Name HEBERT, ROB  
Address 376 THORNBERG DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title SD  
Name REGISTER, MARY  
Address 7918 REYNOLDS DRIVE  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name CLOUD, GARY PH.D.  
Address 4334 MILLWOOD LANE  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name MAZZIOTTA, JOSEPH M.D.  
Address 8046 FRESHWATER DARMS DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name SIVYER, JOHN  
Address 1805 THUNDER HILL WAY  
City-State-Zip: TALLAHASSEE FL 32312

Title D  
Name STOVER, MARK  
Address 3016 WHIRLAWAY TRAIL  
City-State-Zip: TALLAHASSEE FL 32309

Title CFO  
Name CLOUD, KERRI S  
Address 4334 MILLWOOD LANE  
City-State-Zip: TALLAHASSEE FL 32312

*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:** KERRI CLOUD

CFO

01/09/2013

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

\_\_\_\_\_ Date