

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008753

Entity Name: HOPE ACADEMY OF MUSIC, INC.**Current Principal Place of Business:**14200 HOPEWELL AVENUE
PORT CHARLOTTE, FL 33981**Current Mailing Address:**14200 HOPEWELL AVENUE
PORT CHARLOTTE, FL 33981**FEI Number:** 46-3803943**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STANLEY, JOHN F
13372 GOLFPOINTE DRIVE
PORT CHARLOTTE, FL 33953 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	D
Name	RUNK, WESLEY
Address	14200 HOPEWELL AVENUE
City-State-Zip:	PORT CHARLOTTE FL 33981

Title	D
Name	MARSHALL, BOB
Address	3482 PENNYROYAL ROAD
City-State-Zip:	PORT CHARLOTTE FL 33953

Title	D
Name	JULIAN, AL
Address	12854 SW DOUG DRIVE
City-State-Zip:	LAKE SUZY FL 34269

Title	D
Name	HARVEY, ELLEN
Address	1445 EDUCATION WAY
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	D
Name	CAPITELLI, FRED
Address	17436 VALLEY BROKE AVE
City-State-Zip:	PORT CHARLOTTE FL 33954

Title	DIRECTOR
Name	JULIAN, ANNA
Address	12854 SW DOUG DRIVE
City-State-Zip:	LAKE SUZY FL 34269

Title	DIRECTOR
Name	ISBANO, ENNIS
Address	1589 NAVIGATOR ROAD
City-State-Zip:	PUNTA GORDA FL 33983

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: WESLEY RUNK**TREASURER****01/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date