

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N24735

**Entity Name:** HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1935 WOODCREST DR  
WINTER PARK, FL 32792

**Current Mailing Address:**

1935 WOODCREST DR  
WINTER PARK, FL 32792 US

**FEI Number: 59-2872225**

**Certificate of Status Desired: Yes**

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

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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            PRESIDENT  
Name            TRUITT, RICHARD  
Address        3532 GOLFFVIEW BLVD.  
City-State-Zip: ORLANDO FL 32804

Title            VP, TREASURER  
Name            ADAMS, ROBERT W  
Address        30 INDIAN VILLAGE TRAIL  
City-State-Zip: COCOA BEACH FL 32931

Title            CEO, EXECUTIVE DIRECTOR  
Name            CARIFI, MARILYN S  
Address        2421 MANDDAN TRAIL  
City-State-Zip: WINTER PARK FL 32789

Title            CFO, FINANCE DIRECTOR  
Name            PETRENCSIK, TERRY B  
Address        3849 SAINT ARMENS CIRCLE  
City-State-Zip: MELBOURNE FL 32934

*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: TERRY B PETRENCSIK**

**CFO, FINANCE DIRECTOR 03/26/2014**

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

\_\_\_\_\_  
Date