


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90123 050 ****70.00

DOCUMENT # 705569					
1. Entity Name HOPE HAVEN ASSOCIATION, INCORPORATED					
Principal Place of Business 4600 BEACH BLVD JACKSONVILLE, FL 32207 US		Mailing Address 4600 BEACH BLVD JACKSONVILLE, FL 32207 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02202008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0668485	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRICE, LAURIE P MHA HOPE HAVEN CHILDREN'S CLINIC 4600 BEACH BLVD. JACKSONVILLE, FL 32207-7700			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GURNY, JANICE	NAME			
STREET ADDRESS	4800 DEER LAKE DR. E.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	FISHER, MICHAEL D	NAME			
STREET ADDRESS	200 RIVERPLACE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WARD, DOUGLAS	NAME			
STREET ADDRESS	1301 RIVERPLACE BLVD	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	PASS, DEBORAH S	NAME			
STREET ADDRESS	9700 PHILIPS HIGHWAY #101	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE			
NAME	SLADE, LINDA	NAME			
STREET ADDRESS	124 HARBOUR MASTER CT	STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	LAZOFF, DR. STEPHEN	NAME			
STREET ADDRESS	3945 SAN JOSE PARK DRIVE	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32217	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		Date		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/14/08		316-5100	

ATTACHMENT

Hope Haven Children's Clinic & Family Center

40081675

BOARD OF DIRECTORS 2008 – list cont'd.

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V WARD, Jeanne 1506 Prudential Dr. #102 Jacksonville, FL 32207
M PRICE, Laurie P. 4600 Beach Boulevard Jacksonville, FL 32207
D EDELMAN, Daniel M. 6622 Southpoint Drive S. Ste. #495 Jacksonville, Florida 32216
D HARRIS, Hugh R. 601 Riverside Avenue Jacksonville, Florida 32204
D HAYWARD, Victoria 1710 Strand Street Neptune Beach, Florida 32266
D KING, T. Fitch III 6950 Philips Highway, Ste. #15 Jacksonville, Florida 32216
D LARKINS, S. Jack 8312 Shady Grove Court Jacksonville, Florida 32256
D LEEBY, J. Douglas 12724 Gran Bay Parkway W. #200 Jacksonville, Florida 32258
D MANNING, Joann 8989 Austell Court Jacksonville, Florida 32216
D MOBLEY, Philip J. 4800 Deerwood Campus Parkway DCC600/5 Jacksonville, FL 32246-8273
D SIMPSON, Janie M. 1887 Osprey Bluff Blvd. Orange Park, FL 32003
D STEWART, Michael D. 14201 Pecan Park Road Jacksonville, Florida 32218