

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705569

FILED
Feb 10, 2009
Secretary of State

Entity Name: HOPE HAVEN ASSOCIATION, INCORPORATED

Current Principal Place of Business:

4600 BEACH BLVD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4600 BEACH BLVD
JACKSONVILLE, FL 32207 US

New Mailing Address:

4600 BEACH BOULEVARD
JACKSONVILLE, FL 32207

FEI Number: 59-0668485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRICE, LAURIE P MHSA
HOPE HAVEN CHILDREN'S CLINIC
4600 BEACH BLVD.
JACKSONVILLE, FL 322077700 US

Name and Address of New Registered Agent:

PRICE, LAURIE P MHSA
HOPE HAVEN CHILDREN'S CLINIC
4600 BEACH BLVD.
JACKSONVILLE, FL 322077700 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: LAURIE P. PRICE

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GURNY, JANICE
Address: 4800 DEER LAKE DR. E.
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: FISHER, MICHAEL D
Address: 200 RIVERPLACE BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: C () Delete
Name: WARD, DOUGLAS
Address: 1301 RIVERPLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: PASS, DEBORAH S
Address: 9700 PHILIPS HIGHWAY #101
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: SLADE, LINDA
Address: 124 HARBOUR MASTER CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: LAZOFF, DR. STEPHEN
Address: 3945 SAN JOSE PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: EDELMAN, DANIEL M
Address: 6622 SOUTHPOINT DR. S. #495
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PASS-DURHAM, DEBORAH S
Address: 9700 PHILIPS HIGHWAY #101
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS WARD

C

02/10/2009

Electronic Signature of Signing Officer or Director

Date