2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2010
Secretary of State

DOCUMENT# 705569

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 BOULEVARD
JACKSONVILLE, FL 32207

New Mailing Address:

4600 BEACH BLVD
JACKSONVILLE, FL 32207 US

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:

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

OFFICERS AND DIRECTORS:

Title: M
Name: PRICE, LAURIE P
Address: 4600 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32207

Title: C
Name: WARD, JEANNE
Address: 3523 PARK ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: WARD, DOUGLAS
Address: 1301 RIVERPLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D
Name: PASS-DURHAM, DEBORAH S
Address: 9700 PHILIPS HIGHWAY #104
City-St-Zip: JACKSONVILLE, FL 32256

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

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

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: LAURIE P. PRICE M 01/26/2010

Electronic Signature of Signing Officer or Director Date