## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 705569**

FILED Jan 30, 2012 Secretary of State

Entity Name: HOPE HAVEN ASSOCIATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

4600 BEACH BLVD

JACKSONVILLE, FL 32207 US

Current Mailing Address: 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: 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: D

 Name:
 PRICE, LAURIE P

 Address:
 4600 BEACH BOULEVARD

 City-St-Zip:
 JACKSONVILLE, FL 32207

Title: D

Name: WARD, JEANNE Address: 3523 PARK ST

City-St-Zip: JACKSONVILLE, FL 32205

Title:

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: 0

Name: SLADE, LINDA

Address: 124 HARBOUR MASTER CT City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title:

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 01/30/2012