

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 08, 2004  
Secretary of State**

DOCUMENT# N00000001022

**Entity Name:** FINDING ALTERNATIVES THAT INITIATE AND TRANSFORM HOPE, INC.

**Current Principal Place of Business:**

1629 S.E. HAWTHORNE RD.  
GAINESVILLE, FL 32641 US

**New Principal Place of Business:**

**Current Mailing Address:**

1629 S.E. HAWTHORNE RD.  
GAINESVILLE, FL 32641 US

**New Mailing Address:**

**FEI Number:** 59-3627366      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DAVENPORT, RUBY  
5525 NW 26 STREET  
GAINESVILLE, FL 32653 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: D ( ) Delete  
Name: RAGIN, FREDDIE  
Address: 2811 N.W. 154 STREET  
City-St-Zip: NEWBERRY, FL 32669

Title: T ( ) Delete  
Name: MALLORY, CLARENCE  
Address: 800 MADISON STREET  
City-St-Zip: PALATKA, FL

Title: T ( ) Delete  
Name: BRANTLEY, ISAAC  
Address: 8620-79 N.W . 13 ST  
City-St-Zip: GAINESVILLE, FL 32653

Title: T ( ) Delete  
Name: KELSEY, KIMBERLY  
Address: 1811 ROGERO ROAD  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: FREDDIE RAGIN

D

09/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date