2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005073

1. Entity Name
HOPE - HORSES HELPING PEOPLE OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
11326 SW 21 LANE GAINESVILLE, FL 32607	11326 SW 21 LANE GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE

01262004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3671382
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUEGEL, CAROL
11326 SW 21 LANE
GAINESVILLE, FL 32607

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BROWN, CATHI
STREET ADDRESS	883 SW CUMORAH HILL ST
CITY-ST-ZIP	FT WHITE, FL 32038
TITLE	D
NAME	DRAPER, ELLYNNE
STREET ADDRESS	2519 FOX RUN ROAD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VPD
NAME	HOPE, LISA
STREET ADDRESS	367 HEREFORD PLACE
CITY-ST-ZIP	FORT WHITE, FL 32038
TITLE	PD
NAME	HUEGEL, CAROL
STREET ADDRESS	11326 SW 21 LANE
CITY-ST-ZIP	GAINESVILLE, FL 32607
TITLE	SD
NAME	GILBERT, ANDREA
STREET ADDRESS	3960 NW 23 CIRCLE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	CARROLL, PAM
STREET ADDRESS	4004 SW 180 STREET
CITY-ST-ZIP	NEWBERRY, FL 32669

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01/29/04-80102-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Cathi N. Brown 1/26/04 386-365-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Treasurer