

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90042 028 ****61.25

DOCUMENT # N00000005073

1. Entity Name
HOPE - HORSES HELPING PEOPLE, INC.



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

Mailing Address
**11326 SW 21 LANE
GAINESVILLE, FL 32607**

50013793



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172005

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **BROWN, CATHI**
STREET ADDRESS **883 SW CUMORAH HILL ST**
CITY-ST-ZIP **FT WHITE, FL 32038**

TITLE **D** ☒ Delete
NAME **DRAPER, ELLYNNE**
STREET ADDRESS **2519 FOX RUN ROAD**
CITY-ST-ZIP **LAKE WALES, FL 33853**

TITLE **VPD** ☐ Delete
NAME **HOPE, LISA**
STREET ADDRESS **367 HEREFORD PLACE**
CITY-ST-ZIP **FORT WHITE, FL 32038**

TITLE **PD** ☐ Delete
NAME **HUEGEL, CAROL**
STREET ADDRESS **11326 SW 21 LANE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **SD** ☐ Delete
NAME **GILBERT, ANDREA**
STREET ADDRESS **3960 NW 23 CIRCLE**
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **D** ☒ Delete
NAME **CARROLL, PAM**
STREET ADDRESS **4004 SW 180 STREET**
CITY-ST-ZIP **NEWBERRY, FL 32669**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **TROMBINI, ANDREA**
STREET ADDRESS **701 SW 62 BLVD. Apt. 644**
CITY-ST-ZIP **Gainesville, FL 32607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **UPD HOPE, LISA**
STREET ADDRESS **6215 Tallant Road**
CITY-ST-ZIP **McDonald, TN 37353**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Brown Cathi Brown

1/18/05

386-365-2788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #