


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000005970	
1. Entity Name HOPE CENTER FOR TEENS, INC.	

Principal Place of Business 891 N 10TH AVENUE PENSACOLA, FL 32501	Mailing Address PO BOX 19024 PENSACOLA, FL 32523
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3673772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GALVAN, JOELLA
2650 TINOSA CIRCLE
PENSACOLA, FL 32526

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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 this 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BELL, HONOR 250 DALLAS STREET PENSACOLA, FL 32508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POTTS, DONNA 1295 WEST FAIRFIELD DRIVE PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MOLLY 900 N 12TH AVENUE PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, PATRICK 101 E GOVERNMENT ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS-HERRICK, SHARON 4300 BAUPU BLVD PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/05-80040-012 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jennifer Young**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Executive Director** 1/27/05 (850) 434-1310