

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90036 033 ****61.25

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**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

90040044

02142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3673772

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

6. Name and Address of Current Registered Agent

**HUDSON, KRISTINA
3944 HOLLYBERRY LANE
MILTON, FL 32583**

7. Name and Address of New Registered Agent

Name **Jennifer Young**
Street Address (P.O. Box Number is Not Acceptable) **673 Mohegan Circle**
City **Cantonment** FL Zip Code **32533**

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]* DATE **2/14/08**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, HONOR	
STREET ADDRESS	250 DALLAS STREET	
CITY-ST-ZIP	PENSACOLA, FL 32508	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POTTS, DONNA	
STREET ADDRESS	1295 WEST FAIRFIELD DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, MOLLY	
STREET ADDRESS	900 N 12TH AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	VC	<input type="checkbox"/> Delete
NAME	JACKSON, PATRICK	
STREET ADDRESS	101 E GOVERNMENT ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROPER, DONDIE	
STREET ADDRESS	6120 DREKEL RD	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	C	<input type="checkbox"/> Delete
NAME	PRE, ATHENADU'	
STREET ADDRESS	5565 HOMEWOOD DR	
CITY-ST-ZIP	PENSACOLA, FL 32504	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Jarvis	
STREET ADDRESS	1295 West Fairfield Dr.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erika Stanford	
STREET ADDRESS	900 N. 12th Avenue	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lara Burnside	
STREET ADDRESS	1871 Woodpole Drive	
CITY-ST-ZIP	Milton, FL 32583	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* DATE **2/14/08** DAYTIME PHONE # **(850) 434-1390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR