2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N00000005970

Entity Name: HOPE CENTER FOR TEENS, INC.

Current Principal Place of Business:

891 N 10TH AVENUE
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

PO BOX 19024
PENSACOLA, FL 32523

New Mailing Address:

FEI Number: 59-3673772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, JENNIFER
673 MOHEGAN CIRCLE
CANTONMENT, FL 32533 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:	JARVIS, DONNA	
Address:	1295 WEST FAIRFIELD DR	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	D	( ) Delete
Name:	STANFORD, ERIKA	
Address:	900 NORTH 12TH AVENUE	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	D	( ) Delete
Name:	MURPHY, MOLLY	
Address:	900 N 12TH AVENUE	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	VC	( ) Delete
Name:	JACKSON, PATRICK	
Address:	101 E GOVERNMENT ST	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	D	( ) Delete
Name:	ROPER, DONDIE	
Address:	6120 DREKEL RD	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	C	( ) Delete
Name:	PRE, ATHENADU'	
Address:	5565 HOMEWOOD DR	
City-St-Zip:	PENSACOLA, FL 32504	

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:	
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 exemption stated 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 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: JENNIFER YOUNG E.D. 02/19/2009

Electronic Signature of Signing Officer or Director — Date