

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005970

FILED
Jan 31, 2011
Secretary of State

Entity Name: HOPE CENTER FOR TEENS, INC.

Current Principal Place of Business:

891 N 10TH AVENUE
PENSACOLA, FL 32501

New Principal Place of Business:

891 N. 10TH AVENUE
PENSACOLA, FL 32501

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
Name: CARMICHAEL, BETH
Address: 746 EL CAMINO DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: D
Name: WATTS, RHONDA
Address: 1614 JACKS BRANCH ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: D
Name: ALLEN, JENNY
Address: 4430 YARMOUTH PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: C
Name: JACKSON, PATRICK
Address: 101 E GOVERNMENT ST
City-St-Zip: PENSACOLA, FL 32501

Title: D
Name: WYNNE, FELICIA
Address: 1205 MILL CREEK TRAIL
City-St-Zip: CANTONMENT, FL 32533

Title: D
Name: PRE, ATHENADU'
Address: 3346 SANTA ROSA DRIVE
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER YOUNG

ED

01/31/2011

Electronic Signature of Signing Officer or Director

Date