


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90028 046 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000008434	
<b>1. Entity Name</b> ALCOHOPE OF THE TREASURE COAST, INC.	

<b>Principal Place of Business</b> 5925 37TH STREET VERO BEACH FL 32966	<b>Mailing Address</b> 5925 37TH STREET VERO BEACH FL 32966
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<b>2. Principal Place of Business</b> 3395 11TH COURT Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3395 11TH COURT Suite, Apt. #, etc.
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<b>City &amp; State</b> VERO BEACH FL	<b>City &amp; State</b> VERO BEACH FL
<b>Zip</b> 32960	<b>Zip</b> 32960
<b>Country</b> INDIAN RIVER	<b>Country</b> INDIAN RIVER

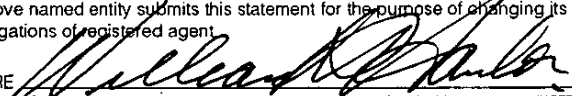


1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> 65-1156863	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  HANLON, WILLIAM R 5925 37TH STREET VERO BEACH FL 32966	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>EXED</b> HANLON, WILLIAM R 5925 37TH STREET VERO BEACH FL 32966 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MARY JANE HANLEY 600 ST. ANNE'S LANE VERO BEACH FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> HAMNER, GEORGE SR 650 HIGHWAY A1A VERO BEACH FL 32963 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LELA LESLIE 70 PAGET COURT INDIAN RIVER SHORES FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> HANLEY, JACK 600 ST. ANNE'S LANE VERO BEACH FL 32963 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BURTON LEE 716 SAND FLY LANE VERO BEACH FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> SIMON, ELEANOR 321 21ST STREET 2D VERO BEACH FL 32960 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> HARRY WALKER 2010 CLUB DRIVE VERO BEACH FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> COMMERFORD, PAUL PO BOX 650549 VERO BEACH FL 32965 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> JOHN E BANKS 1601 20TH STREET VERO BEACH FL 32960 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> KOMARINETZ, SUE 3708 58TH CIRCLE VERO BEACH FL 32966 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **3/24/05** **772-778-7215**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #