


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000008434	
1. Entity Name ALCOHOPE OF THE TREASURE COAST, INC.	

Principal Place of Business 3395 11TH CT VERO BEACH, FL 32960	Mailing Address 3395 11TH CT VERO BEACH, FL 32960
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01042006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1156863	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  HANLON, WILLIAM R 5925 37TH STREET VERO BEACH, FL 32966
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXED HANLON, WILLIAM R 5925 37TH STREET VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HAMNER, GEORGE SR 650 HIGHWAY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD HANLEY, JACK 600 ST. ANNE'S LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIMON, ELEANOR 321 21ST STREET 2D VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COMMERFORD, PAUL PO BOX 650549 VERO BEACH, FL 32965
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOMARINETZ, SUE 3708 58TH CIRCLE VERO BEACH, FL 32966

**DO NOT WRITE  
IN THIS SPACE**

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: William R Hanlon 1/4/06 772-778-7215  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #