2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

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1. Entity Name
HOPE FOR OCALA, INC.

Principal Place of Business	Mailing Address
151 SW 87TH PLACE OCALA, FL 34476	151 SW 87TH PLACE OCALA, FL 34476

03152005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
05-0583902
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRAWBRIDGE, TED
151 SW 87TH PLACE
OCALA, FL 34476

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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)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DIRE
NAME	CRAGGS, TOMMY DIRECTO
STREET ADDRESS	3402 SE 15TH STREET
CITY-ST-ZIP	OCALA, FL 34471
TITLE	DIRE
NAME	MIDGETT, LISA DIRECTO
STREET ADDRESS	261 SE 54TH CT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	DIRE
NAME	WILLIAMS, ANNA DIRECTO
STREET ADDRESS	8260 S MAGNOLIA AVE
CITY-ST-ZIP	OCALA, FL 34476
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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104/08/05-80082-007 70.00

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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: Lisa Midgett LISA MIDGETT 4/6/05 (352)427-5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #