

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90121 041 \*\*\*\*70.00

<b>DOCUMENT # N01000001512</b> 1. Entity Name <b>HOPE FOR OCALA, INC.</b>					
Principal Place of Business <b>151 SW 87TH PLACE OCALA, FL 34476</b>				Mailing Address <b>151 SW 87TH PLACE OCALA, FL 34476</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>05-0583902</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>STRAWBRIDGE, TED 151 SW 87TH PLACE OCALA, FL 34476</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/17/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DIRE <input checked="" type="checkbox"/> Delete		TITLE	D Cy Huffman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CRAGGS, TOMMY DIRECTO		NAME	3001 SW 24th Ave	
STREET ADDRESS	3402 SE 15TH STREET		STREET ADDRESS	Ocala, FL 34474	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	DIRE <input checked="" type="checkbox"/> Delete		TITLE	D Ted Hagemeyer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MIDGETT, LISA DIRECTO		NAME	716 SE 40th Terrace	
STREET ADDRESS	261 SE 54TH CT		STREET ADDRESS	Ocala, FL 34471	
CITY-ST-ZIP	OCALA, FL 34471		CITY-ST-ZIP		
TITLE	DIRE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, ANNA DIRECTO		NAME		
STREET ADDRESS	8260 S MAGNOLIA AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34476		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		4-16-06		352 402 5175	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	