

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90177 023 \*\*\*\*61.25

**DOCUMENT # NO1000005426**

1. Entity Name

**THE H.O.P.E. CENTER OF MIDWAY, INC.**

Principal Place of Business

Mailing Address

**PO BOX 180481  
TALLAHASSEE FL 32303****PO BOX 180481  
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3743769**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Walters, Alexandria**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**WALTERS, ALEXANDER  
489 SHILOH RD.  
QUINCY FL 32351**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PETERS, ADRIANE R</b>	
STREET ADDRESS	<b>4077 REMER CT.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SHEPPARD, SHARON</b>	
STREET ADDRESS	<b>8720 SALMANCA CT.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SHEPPARD, ELLIOTT</b>	
STREET ADDRESS	<b>182 COTILLION CIR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LAWSON, AL III</b>	
STREET ADDRESS	<b>3285 BODMIN MOORE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32311</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>WATSON, AMEIKO</b>	
STREET ADDRESS	<b>2719 BOATNER ST.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32351</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>WALTERS, ALEXANDER</b>	
STREET ADDRESS	<b>489 SHILOH RD.</b>	
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Walters, Alexandria</b>
STREET ADDRESS	
CITY-ST-ZIP	

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:

**Shamatus Sheppard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02

Date

(850)922-2613

Daytime Phone #

CR2E037 (9/01)