

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90071 022 \*\*\*\*61.25

**DOCUMENT # N01000005426**

1. Entity Name

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



Principal Place of Business

**PO BOX 180481  
TALLAHASSEE FL 32303**

Mailing Address

**PO BOX 180481  
TALLAHASSEE FL 32303**

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 **59-3743769**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

*Alexandra Walters*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-21-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **PETERS, ADRIANE R**  
STREET ADDRESS **4077 REMER CT.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ Delete  
NAME **SHEPPARD, SHARON**  
STREET ADDRESS **8720 SALMANCA CT.**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☒ Delete  
NAME **SHEPPARD, ELLIOTT**  
STREET ADDRESS **182 COTILLION CIR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☒ Delete  
NAME **LAWSON, AL III**  
STREET ADDRESS **3285 BODMIN MOORE**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **D** ☐ Delete  
NAME **WATSON, AMEIKO**  
STREET ADDRESS **2719 BOATNER ST.**  
CITY-ST-ZIP **TALLAHASSEE FL 32351**

TITLE **D** ☐ Delete  
NAME **WALTERS, ALEXANDRIA**  
STREET ADDRESS **489 SHILOH RD.**  
CITY-ST-ZIP **QUINCY FL 32351**

TITLE **D** ☐ Change ☒ Addition  
NAME **Eugene Sherman**  
STREET ADDRESS **2696 Faringdon Dr**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **D** ☐ Change ☒ Addition  
NAME **Peter Chaviano**  
STREET ADDRESS **2007 Hickory Tree Lane**  
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Signature Required*

**4/21/03**

**(850) 922-2613**

CR2E037 (10/02)