


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007138 1. Entity Name H.O.P.E. FOR WOMEN PREGNANCY CARE AND DEVELOPMENT CENTER, INC.	
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Principal Place of Business 1745 UNIVERSITY ST JACKSONVILLE, FL 32209	Mailing Address 1745 UNIVERSITY ST JACKSONVILLE, FL 32209
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08182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2330435	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIMS, ESTER S 1745 UNIVERSITY ST JACKSONVILLE, FL 32209

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SIMS, KEMUST L D
STREET ADDRESS	1745 UNIVERSITY STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	SIMS, ESTER S D
STREET ADDRESS	1745 UNIVERSITY STREET
CITY - ST - ZIP	JACKSONVILLE, FL 32209
TITLE	C
NAME	MICHEAL, GANT C
STREET ADDRESS	7629 DUCLAY FORREST DRIVE WEST
CITY - ST - ZIP	JACKSONVILLE, FL 32244
TITLE	SVP
NAME	MITCHELL, LORI S
STREET ADDRESS	1028 E CABO BLANCO AVE
CITY - ST - ZIP	JACKSONVILLE, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000170794
08/24/04-80001-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  **8.11.04 904-596-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #