

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007138

FILED
Apr 29, 2005
Secretary of State

Entity Name: H.O.P.E. FOR WOMEN PREGNANCY CARE AND DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

1745 UNIVERSITY ST
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1745 UNIVERSITY ST
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 52-2330435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMS, ESTER S
1745 UNIVERSITY ST
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIMS, KEMUST L D
Address: 1745 UNIVERSITY STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D () Delete
Name: SIMS, ESTER S D
Address: 1745 UNIVERSITY STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: C () Delete
Name: MICHEAL, GANT C
Address: 7629 DUCWAY FORREST DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: SVP () Delete
Name: MITCHELL, LORI S
Address: 1028 E CABO BLANCO AVE
City-St-Zip: JACKSONVILLE, FL 32233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTER SABRINA SIMS

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date