2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with

SIGNATURE!

all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James E. Goodload

## Apr 27, 2005 08:00 AM **DOCUMENT # N02000004649** Secretary of State 1. Entity Name THE HOPE COMMUNITY EMPOWERMENT CORPORATION Principal Place of Business Mailing Address 1533 SOUTH MONROE STREET 1533 SOUTH MONROE STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 42-1578096 Not Applicable Ζip Country Žίο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCFADDEN, CALVIN J 1533 SOUTH MONROE STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 City 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 Well Calvin J. McFadden SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Addition U00000336858 CONNER, CARMEN NAME 04/27/05-80144-001 61.25 1307 MAUDE STREET STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32311 CITY - ST- 7IP CITY-ST-ZIP MILE Delete TITLE Change Addition NAME HINDMAN, ANDY NAME 1691 CANYON CREEK LN STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIE CITY ST ZIP TITLE D Delete TITLE Change Addition GOODLOE, JAMES NAME 2458 LAURELWOOD COURT STREET ADDRESS STREET ADDRESS TALLAHASSEÈ FL 32308 CITY ST-71P CUTY-ST-7IP TITLE Delete Charige TITLE Addition | PERRY, KEVIN NAME NAME 1327-D PEPPERTREE TRAIL STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34950 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition EDWARDS, CAROL 208 HAWK MEADOW DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312 CITY ST ZIP CITY-ST-ZIP MUE Defete TITLE ☐ Change Addition GRADY, SARAH NAME MAME 1218 MARY'S DRIVE SURFEL ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CHY-ST ZIF 12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119 07(3)(f). Florida Statutes 1 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 Poeliver 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

FILED

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