

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90026 011 \*\*\*\*61.25

DOCUMENT # N02000009129

1. Entity Name  
FAITH, HOPE AND CHARITY SOCIETY, INC.



Principal Place of Business  
100 N WOODLAND BLVD  
DELAND, FL 32720

Mailing Address  
P.O. BOX 1871  
DELAND, FL 32721



03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
54-2092013

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

~~CORNEA JAVIER~~ BLAIS, STEPHEN  
100 N WOODLAND BLVD  
DELAND, FL 32720

**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: Stephen BLAIS, President

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

(NOTE: Registered Agent signature required when resigning)

4-21-08

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>CORNEA JAVIER</del> BLAIS, STEPHEN 100 N WOODLAND BLVD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>SANTHA CHERRY</del> JONES, MARIA <del>PO BOX 314</del> 113 W. RICH AVENUE <del>DELAND, FL 32721</del> Deland, Florida 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROPER, ROBIN WOODLEY, SUSAN <del>2425 OAK PARK DR</del> P.O. BOX 1871 <del>DELAND, FL 32721</del> Deland, Florida 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEARS, DEREK <del>PO BOX 1871</del> P.O. BOX 1871 DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIS, STEVE MARTIN, CHANTELL P.O. BOX 3536 P.O. BOX 1871 DELAND, FL 32721 DELAND, FLORIDA 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACON, SUSIE P.O. BOX 1871 Deland, Florida 32721

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Stephen BLAIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-08

Date

(386) 736-2880

Daytime Phone #