

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000003989

1. Entity Name
**HOPEVILLE COMMUNITY DEVELOPMENT
CORPORATION (CDC) OF PASCO AND HERNANDO
COUNTIES**



Principal Place of Business
**14236 COUNTY LINE ROAD
HUDSON, FL 34667**

Mailing Address
**14236 COUNTY LINE ROAD
HUDSON, FL 34667**



01212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1444330

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HINSON, FREDDIE H REV.
14236 COUNTY LINE ROAD
HUDSON, FL 34667**

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

(NOTE: Registered Agent signature required when reinstating)

1/24/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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
**D
HINSON, FREDDIE J REV
14236 COUNTY LINE ROAD
HUDSON, FL 34667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FREEMAN, CHRISTOPHER
8406 DELAWARE DR
SPRING HILL, FL 34607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBBIN, RAWLINS
7388 HOLIDAY DR.
SPRING HILL, FL 34606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWDY, RONALD
12042 VILLA RD.
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRAGGS, WILLIAM
7301 OVERBIRD RD.
WEEKI WACHEE, FL 34613**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000651430
03/09/07-80007-008 61.25

**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: *Robbin Rawlins* **Robbin Rawlins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07
Date

352-5843369
Daytime Phone #