2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N03000003989

Entity Name: HOPEVILLE COMMUNITY DEVELOPMENT CORPORATION (CDC) OF PASCO AND HERNANDO COUNTIES

Current Principal Place of Business:

14236 COUNTY LINE ROAD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

14236 COUNTY LINE ROAD
HUDSON, FL 34667

New Mailing Address:

FEI Number: 61-1444330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINSON, FREDDIE H REV.
14236 COUNTY LINE ROAD
HUDSON, FL 34667 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: HINSON, FREDDIE J REV
Address: 14236 COUNTY LINE ROAD
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete
Name: FREEMAN, CHRISTOPHER
Address: 8406 DELAWARE DR
City-St-Zip: SPRING HILL, FL 34607

Title: D ( ) Delete
Name: ROBBIN, RAWLINS
Address: 7388 HOLIDAY DR.
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete
Name: CHESTEEN, LARRY
Address: 5399 FAIR HAVEN AVE
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BROOKS, CLAUD
Address: 12143 INFINITY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

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 exemption stated 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 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: ROBBIN RAWLINS D 03/25/2009

Electronic Signature of Signing Officer or Director — Date