

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005961

FILED
Apr 30, 2007
Secretary of State

Entity Name: VILLAGE HOPE OF PENSACOLA, FL INC.

Current Principal Place of Business:

100 YOAKUM COURT
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

100 YOAKUM COURT
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-3410480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEY, JAMES E
100 YOAKUM COURT
PENSACOLA, FL 32505 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: PD () Delete
Name: COLEY, JAMES E
Address: 100 YOAKUM COURT
City-St-Zip: PENSACOLA, FL 32505

Title: SD () Delete
Name: LEWIS, DOROTHY R
Address: 4526 FLORELLE WAY
City-St-Zip: PENSACOLA, FL 32505

Title: TD () Delete
Name: STANTON, CAROLYN
Address: 2701 NORTH
City-St-Zip: PENSACOLA, FL 32503

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:

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: JAMES COLEY

DIRE

04/30/2007

Electronic Signature of Signing Officer or Director

Date