

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005993

FILED
May 09, 2006
Secretary of State

Entity Name: EASTSIDE HOPE, INC.

Current Principal Place of Business:

1617 ROWE AVENUE
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

1617 ROWE AVENUE
JACKSONVILLE, FL 32208 US

New Mailing Address:

3730 BEACH BLVD.
JACKSONVILLE, FL 32207 US

FEI Number: 20-0089326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HUBBARD, KIM K
3730 BEACH BLVD
JACKSONVILLE, FL 32207 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: P () Delete
Name: WILLIAMS-ELAM, TERESA
Address: 1617 ROWE AVENUE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: S () Delete
Name: SIPLIN, LEWIS C
Address: 1617 ROWE AVENUE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: T () Delete
Name: HUBBARD, KIM K
Address: 3128 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE,, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HUBBARD, KIM K
Address: 3730 BEACH BOULEVARD
City-St-Zip: JACKSONVILLE,, FL 32207 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM HUBBARD

T

05/09/2006

Electronic Signature of Signing Officer or Director

Date