

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009118

FILED  
Apr 05, 2009  
Secretary of State

**Entity Name:** THE JOSEY COMMUNITY HOPE CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

15318 NW 133RD TERRACE  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1203  
ALACHUA, FL 32616

**New Mailing Address:**

**FEI Number:** 51-0487774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOSEY, LEILA PEARL  
15326 NW 133RD TERRACE  
ALACHUA, FL 32615 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: JOSEY, LEILA P  
Address: 15326 NW 133RD TERRACE  
City-St-Zip: ALACHUA, FL 32616

Title: AD ( ) Delete  
Name: JOSEY, BILLIE  
Address: 15326 NW 133RD TERRACE  
City-St-Zip: ALACHUA, FL 32616

Title: T ( ) Delete  
Name: CALDERWOOD, HUGH  
Address: P.O. BOX 2307  
City-St-Zip: ALACHUA, FL 32616

Title: C ( ) Delete  
Name: BRADY, HAL  
Address: 17325 COUNTY RD. 241  
City-St-Zip: ALACHUA, FL 32616

Title: S ( ) Delete  
Name: JONES, TONY  
Address: P.O. BOX 1250  
City-St-Zip: GAINESVILLE, FL 32606

**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:

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: JOSEY, LEILA P.

D

04/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date