

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90296 012 ****61.25

DOCUMENT # N04000004437

1. Entity Name
THE NATIONS HOPE, INC.



Principal Place of Business
**2748 LAKE DEBRA DRIVE #12-302
ORLANDO, FL 32835**

Mailing Address
**2748 LAKE DEBRA DRIVE #12-302
ORLANDO, FL 32835**

50051011

2. Principal Place of Business
8007 Bayside View Dr.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 691446
Suite, Apt. #, etc.



03242005 Chg-NP CR2E037 (10/03)

City & State
Orlando, FL
Zip
32819 Country
Orange

City & State
Orlando, FL
Zip
32869 Country
Orange

4. FEI Number
20-1347035 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HODGES, GEORGE
585 SOUTH RONALD REAGAN BLVD STE 121
LONGWOOD, FL 32750-5462**

7. Name and Address of New Registered Agent

Name
Jason Betler
Street Address (P.O. Box Number is Not Acceptable)
8007 Bayside View Dr.
City
Orlando FL Zip Code
32819

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BETLER, JASON
2748 LAKE DEBRA DRIVE #12-302
ORLANDO, FL 32835** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, P
Jason Betler
8007 Bayside View Dr.
Orlando, FL 32819** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN, CHRISTOPHER
5263 LOS PALMA VISTA DRIVE
ORLANDO, FL 32835** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, S
Sam Farina
4186 Bristol Place
Concord, NC 28027** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, DAVID
6955 DELLA DRIVE #43
ORLANDO, FL 32819** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D, T
Paul Kolbeck
13502 W. Hayden
Wichita, KS 67213** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason S. Betler

3/28/04

407-351-3593

Date

Daytime Phone #