

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000002721

1. Entity Name
CIRCLE OF HOPE HOUSE INCORPORATED



Principal Place of Business
535 MCINTOSH AVENUE
ORANGE PARK, FL 32073

Mailing Address
535 MCINTOSH AVENUE
ORANGE PARK, FL 32073



04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number
01-0891091

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCOTT-FORD, ALESIA
2031 BLUEBUNNET WAY
ORANGE PARK, FL 32003

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000948678
06/02/08-80055-004 70.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCOTT-FORD, ALESIA
STREET ADDRESS 2031 BLUEBUNNET WAY
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE S
NAME SANCHEZ, ZINA
STREET ADDRESS 504 MCINTOSH AVENUE
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE T
NAME OWENS, CAROL
STREET ADDRESS 504 MCINTOSH AVENUE
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D
NAME MARTIN, CLIFFORD
STREET ADDRESS 504 MCINTOSH AVENUE
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D
NAME ARMSTRONG, DENIS
STREET ADDRESS 1817 DENMARK DR
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alesia Scott-Ford
Rev. Alesia Scott-Ford

904 563-5761

Date

Daytime Phone #