

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002721

FILED  
Apr 12, 2010  
Secretary of State

Entity Name: CIRCLE OF HOPE HOUSE INCORPORATED

**Current Principal Place of Business:**

535 MCINTOSH AVENUE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

535 MCINTOSH AVENUE  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 01-0891091      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SCOTT-FORD, ALESLIA  
2031 BLUEBONNET WAY  
ORANGE PARK, FL 32003 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  
Name: FORD-BURSE, ALESLIA  
Address: 2031 BLUEBONNET WAY  
City-St-Zip: ORANGE PARK, FL 32003

Title: D  
Name: HERBERT, CORNELIUS  
Address: 8930 NEEDLEPOINT PLACE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: T  
Name: OWENS, CAROL  
Address: 8908 SPRING HARVEST LANE W  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S  
Name: BIVENS, BARBARA  
Address: 152 PASSAGE  
City-St-Zip: ORANGE PARK, FL 32003

Title: D  
Name: ARMSTRONG, DENISE  
Address: 1817 DENMARK DR  
City-St-Zip: ORANGE PARK, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: ALESLIA FORD-BURSE

Electronic Signature of Signing Officer or Director

P

04/12/2010

Date