

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010978

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: HOPE COMMUNITY CENTER, INC.

## Current Principal Place of Business:

815 S. PARK AVENUE  
APOPKA, FL 32703

## New Principal Place of Business:

1016 N. PARK AVENUE  
APOPKA, FL 32712

## Current Mailing Address:

815 S. PARK AVENUE  
APOPKA, FL 32703

## New Mailing Address:

1016 N. PARK AVENUE  
APOPKA, FL 32712

FEI Number: 56-2551312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORMAN, CATHERINE M  
815 S. PARK AVENUE  
APOPKA, FL 32703 US

## Name and Address of New Registered Agent:

GORMAN, CATHERINE M  
1016 N. PARK AVENUE  
APOPKA, FL 32712 US

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:

03/20/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TROUTMAN, RUSSELL  
Address: 311 W. FAIRBANKS AVE  
City-St-Zip: WINTER PARK, FL 32787

Title: D ( ) Delete  
Name: GRIMES, GAIL  
Address: 1461 FALCON CREST BLVD  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: CARROLL, MARY  
Address: 978 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CARROLL, MARY  
Address: 143 WISTERIA DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Change ( ) Addition  
Name: BAUMAN, JEAN  
Address: 426 TIMBER RIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change ( ) Addition  
Name: DEVANIE, LYNN  
Address: 964 STONECREEK CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Change (X) Addition  
Name: MOORE, DONALD  
Address: 261 S. MCGEE AVENUE  
City-St-Zip: APOPKA, FL 32703

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: MARY CARROLL

P

03/20/2008

Electronic Signature of Signing Officer or Director

Date