

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010978

FILED  
Jan 21, 2010  
Secretary of State

Entity Name: HOPE COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

1016 NORTH PARK AVE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

1016 NORTH PARK AVE  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 56-2551312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

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

GRIMES, MONICA G  
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: MONICA GAIL GRIMES

01/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARROLL, MARY  
Address: 143 WISTERIA DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: S  
Name: BAUMAN, JEAN  
Address: 426 TIMBER RIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: DEVANIE, LYNN  
Address: 964 STONECREEK CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: VP  
Name: SIEGFRIED, JEAN  
Address: 1321 SUFFOLK ROAD  
City-St-Zip: WINTER PARK, FL 32789

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: MARY CARROLL

PRES

01/21/2010

Electronic Signature of Signing Officer or Director

Date