# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 04, 2011**
**Secretary of State**

DOCUMENT# N05000012207

**Entity Name:** HOPE FOR TAMPA COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

5107 W LUTZ LAKE FERN RD
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

5107 W LUTZ LAKE FERN RD
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number: 20-4246143** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JONES, MICHAEL
5107 W LUTZ LAKE FERN RD
LUTZ, FL 33558 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: D
Name: BIRD, JIM
Address: 5107 WEST LUTZ LAKE FERN ROAD
City-St-Zip: LUTZ, FL 33558

Title: D
Name: DITTO, JAY
Address: 5107 WEST LUTZ LAKE FERN ROAD
City-St-Zip: LUTZ, FL 33558

Title: D
Name: EDWARDS, TOM
Address: 5107 WEST LUTZ LAKE FERN ROAD
City-St-Zip: LUTZ, FL 33558

Title: D
Name: JONES, MICHAEL
Address: 5107 WEST LUTZ LAKE FERN ROAD
City-St-Zip: LUTZ, FL 33558

Title: D
Name: GARDNER, ED
Address: 5107 WEST LUTZ LAKE FERN ROAD
City-St-Zip: LUTZ, FL 33558

Title: D
Name: RIDEOUT, DREW
Address: 5107 WEST LUTZ LAKE FERN ROAD
City-St-Zip: LUTZ, FL 33558

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: MICHAEL JONES P 03/04/2011

Electronic Signature of Signing Officer or Director — Date