

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012420

FILED
Mar 22, 2009
Secretary of State

Entity Name: FRIENDS OF HOPE ADULT DAY SERVICES CORP.

Current Principal Place of Business:

1560 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1560 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 38-3747966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIL, CAROL J
14548 CRYSTAL VIEW LANE
JACKSONVILLE BEACH, FL 32250 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 () Delete
Name: NEIL, CAROL J
Address: 14548 CRYSTAL VIEW LANE
City-St-Zip: JACKSONVILLE, FL 32250

Title: V () Delete
Name: CATALLO, SANDRA
Address: 111 DAHALA CT
City-St-Zip: PONTE VEDRA, FL 32082

Title: T () Delete
Name: SCHOENFELD, ROBERT
Address: 141 INDIAN HAMMOCK LANE
City-St-Zip: PONTE VEDRA, FL 32082

Title: V () Delete
Name: OFFENBERG, VICTORIA
Address: 1800 THE GREENS WAY-#603
City-St-Zip: JACKSONVILLE BEACH, FL 32082

Title: D (X) Delete
Name: GABRIELLE, TONY
Address: 360 SOUTH NINE DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: S (X) Delete
Name: BUTENSKY, SUSAN
Address: 1321 4TH STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LANGLEY, JOYCE
Address: 1767 TALL TREE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: ST (X) Change () Addition
Name: GABRIELLE, TONY
Address: 360 SOUTH NINE DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TONY GABRIELLE

S

03/22/2009

Electronic Signature of Signing Officer or Director

Date