

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 08, 2012
Secretary of State

Entity Name: HEALTH AND HOPE CLINIC, INC.

Current Principal Place of Business:

9999 CHEMSTRAND ROAD
PENSACOLA, FL 32514

New Principal Place of Business:

9999 CHEMSTRAND ROAD
PENSACOLA, FL 32514 UN

Current Mailing Address:

9999 CHEMSTRAND ROAD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 26-4336638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOROWSKI, T.A.
25 W. CEDAR STREET STE 525
PENSACOLA, FL 32502 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: GREENE, BOB
Address: 9999 CHEMSTRAND ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: CAUSEY, ANNA B
Address: 9999 CHEMSTRAND RD
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: GOWING, BOB
Address: 2730 BELLE CHRISTIANE CIRCLE
City-St-Zip: PENSACOLA, FL 32503

Title: D
Name: GRIFFIN, JENNIFER
Address: 9999 CHEMSTRAND RD
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: MINTON, DON
Address: 9999 CHEMSTRAND RD
City-St-Zip: PENSACOLA, FL 32514

Title: D
Name: MCLAUGHLIN, DON
Address: 9999 CHEMSTRAND RD
City-St-Zip: PENSACOLA, FL 32514

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: RICK HOLLIS

ED

02/08/2012

Electronic Signature of Signing Officer or Director

Date