

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004204

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Entity Name:** HOPE & FAITH SERVICES (& INDEPENDENT LIVING), INC.

**Current Principal Place of Business:**

7696 SW 102ND LOOP  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

7696 SW 102ND LOOP  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WILLIAMS, A. KATRINA  
7696 SW 102ND LOOP  
OCALA, FL 34476 US

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

THOMPSON, KRISTOPHER J  
7696 SW 102ND LOOP  
OCALA, FL 34476 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: KT

03/10/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: THOMPSON, KRISTOPHER  
Address: 7696 SW 102ND LOOP  
City-St-Zip: OCALA, FL 34476

Title: O  
Name: COUTURE, JAMES R  
Address: 463 SPRING DRIVE  
City-St-Zip: OCALA, FL 34472

Title: O  
Name: BERRY, GEORGE  
Address: 7696 SW 102ND LOOP  
City-St-Zip: OCALA, FL 34476

Title: O  
Name: CALCATERRA, DENNIS  
Address: 7696 SW 102ND LOOP  
City-St-Zip: OCALA, FL 34476

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: KRISTOPHER THOMPSON

DR

03/10/2010

Electronic Signature of Signing Officer or Director

Date