

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008218

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

**Entity Name:** HOPE ACCESS COMMUNITY CENTER, INC.

**Current Principal Place of Business:**

152 OAKWOOD DRIVE  
KISSIMMEE, FL 347434304

**New Principal Place of Business:**

152 OAKWOOD DRIVE  
SUITE 1  
KISSIMMEE, FL 347434304

**Current Mailing Address:**

PO BOX 450546  
KISSIMMEE, FL 347450546

**New Mailing Address:**

**FEI Number:** 27-0735864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RODRIGUEZ, ESTEBAN B  
201 SANDALWOOD DRIVE  
KISSIMMEE, FL 347437809 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/P  
Name: RODRIGUEZ, ESTEBAN B  
Address: PO BOX 450546  
City-St-Zip: KISSIMMEE, FL 347450546

Title: D/V  
Name: ROMAN, BETZAIDA  
Address: 5702 WHISPER PINE DRIVE  
City-St-Zip: LEESBURG, FL 347481328

Title: D/S  
Name: RODRIGUEZ, SONIA  
Address: 201 SANDALWOOD DRIVE  
City-St-Zip: KISSIMMEE, FL 347437809

Title: D/T  
Name: OYOLA, RITA  
Address: 14140 WHOOPING CRANE LANE  
City-St-Zip: ORLANDO, FL 328246315

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: ESTEBAN RODRIGUEZ

D/P

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date