

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011072

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** HOPE ACADEMY FOR AUTISM ON THE EMERALD COAST, INC.

**Current Principal Place of Business:**

8555 CORBIN COURT  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

8555 CORBIN COURT  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 27-1401698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASTINGS, SANDRA D  
8555 CORBIN COURT  
NAVARRE, FL 32566 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  
**Name:** HASTINGS, SANDRA D  
**Address:** 8555 CORBIN COURT  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** V  
**Name:** TRIANA, DAVID  
**Address:** 2210 GOZO COURT  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** T  
**Name:** HISLOP, JACQUELINE  
**Address:** PO BOX 5878  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** S  
**Name:** POUND, CYNTHIA  
**Address:** 208 NAVARRE STREET  
**City-St-Zip:** NAVARRE, FL 32561

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:** SANDRA D HASTINGS

P

01/08/2010

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

\_\_\_\_\_  
Date