

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

DOCUMENT# N11000010769

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** WALK OF HOPE FOUNDATION INC

**Current Principal Place of Business:**

1123 SUMMER SPRING DR  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

1123 SUMMER SPRING DR  
MIDDLEBURG, FL 32068

**New Mailing Address:**

**FEI Number:** 45-3825715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HELLARD, TERESITA M  
1123 SUMMER SPRING DR  
MIDDLEBURG, FL 32068 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:** HELLARD, TERESITA M  
**Address:** 1123 SUMMER SPRING DR  
**City-St-Zip:** MIDDLEBURG, FL 32068

**Title:** VP  
**Name:** CROXWELL, MARY  
**Address:** 1316 MANOTAK AVE  
**City-St-Zip:** JACKSONVILLE, FL 32210

**Title:** VP  
**Name:** BELL, DAVID  
**Address:** 2194 TRAILWOOD DR  
**City-St-Zip:** FLEMING ISLAND, FL 32003

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:** TERESITA M HELLARD

P

04/25/2012

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

\_\_\_\_\_  
Date