SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006126 (6)

1. Corporation Name
HOPE HOUSE, INC.

200001902702
-07/24/96--01006--006
***61.25

Principal Place of Business	Mailing Address
4215 S.E. 59 St. Ocala, FL 34480	4215 S. E. 59 St. Ocala, FL 34480

2. Principal Place of Business	2a. Mailing Address
21 4215 S. E. 59 St	26 4215 S. E. 59 St
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ocala, FL	28 City & State: Ocala, FL
24 Zip: 34480 25 Country: US	29 Zip: 34480 30 Country: US

3. Date Incorporated or Qualified: 12/15/1994
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-3306850 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOSTER, NANCY J
8026 SE 126TH PLACE
BELLEVIEW FL 34420

10. Name and Address of New Registered Agent

81 Name: Holly Moom
82 Street Address (P.O. Box Number is Not Acceptable): 4215 S. E. 59 St.
83
84 City: Ocala, FL FL 85 Zip Code: 34480

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Holly Moom, President — X Holly Moom — 6-26-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	FOSTER, NANCY	
STREET ADDRESS	8026 SE 126TH PLACE	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	S	☒ DELETE
NAME	FOSTER, LYNN	
STREET ADDRESS	8014 SE 126TH PLACE	
CITY-ST-ZIP	BELLEVIEW FL	
TITLE	T	☒ DELETE
NAME	EASTMAN, KATE	
STREET ADDRESS	3304 SE 34TH CIRCLE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☒ DELETE
NAME	HOLDEN, MARGART	
STREET ADDRESS	6999B GANTON RD.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☒ DELETE
NAME	ROBERTS, MARRIETTA	
STREET ADDRESS	11680 SW 89TH TERRACE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	☒ DELETE
NAME	ADAMS, MARGARET	
STREET ADDRESS	8585 SW 93RD PLACE	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Holly Moon	
1.3 STREET ADDRESS	4215 S. E. 59 St.	
1.4 CITY-ST-ZIP	Ocala, FL 34480	
2.1 TITLE	S	☒ Change ☐ Addition
2.2 NAME	Sara Hines	
2.3 STREET ADDRESS	501 B Fairway Lane	
2.4 CITY-ST-ZIP	Ocala, FL 34472	
3.1 TITLE	T	☒ Change ☐ Addition
3.2 NAME	Robert Wright	
3.3 STREET ADDRESS	8568 S. W. 108 Pl	
3.4 CITY-ST-ZIP	Ocala, FL 34481	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Howard Moon	
4.3 STREET ADDRESS	4215 SE 59 St	
4.4 CITY-ST-ZIP	Ocala, Fl 34480	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Arthur Rushlow	
5.3 STREET ADDRESS	627 NE 45 Ct	
5.4 CITY-ST-ZIP	Ocala, Fl 34470	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Jean Kenyon	
6.3 STREET ADDRESS	2020 NE 79 Place	
6.4 CITY-ST-ZIP	Ocala, FL 34479	

7-23-96

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Holly Moom — X — 6-26-96 — 352 351 1392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Holly Moon, President