

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 # **N95000000761 (5)**

1. Corporation Name

**HAVEN OF HOPE DEVELOPMENT CENTER, INC.**

Principal Place of Business

**710 SUMMER WOOD WAY  
JACKSONVILLE FL 32218**

Mailing Address

**710 SUMMER WOOD WAY  
JACKSONVILLE FL 32218**



3. Date Incorporated or Qualified

**02/14/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 710 Summerwood Way**

**26 701 N. Ocean St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State**

**27 City & State**

**23 Jax, FL**

**28 Jax FL**

Zip

Country

Zip

Country

**24 32218**

**25 U.S.**

**29 32202**

**30 U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAWFORD, MARGARET H  
710 SUMMER WOOD WAY  
JACKSONVILLE FL 32218**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Advisory Committee** ☒ DELETE  
NAME **Hortense Holder**  
STREET ADDRESS **8991 N. Carbondale Drive**  
CITY-ST-ZIP **Jax FL 32218**

1.1 TITLE **Chairperson** ☐ Change ☒ Addition  
1.2 NAME **Betty Murphy**  
1.3 STREET ADDRESS **4361 W. 62nd St**  
1.4 CITY-ST-ZIP **Jax FL 32208**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE **Coordinator** ☐ Change ☒ Addition  
2.2 NAME **Rose Wafis**  
2.3 STREET ADDRESS **4920 Rhode Island Dr**  
2.4 CITY-ST-ZIP **Jax FL 32209**

TITLE **A.D. Director** ☐ DELETE  
NAME **MARYA L. Miller**  
STREET ADDRESS **710 SUMMER WOOD WAY**  
CITY-ST-ZIP **JAX, FL 32218**

3.1 TITLE **Advisory Committee** ☐ Change ☒ Addition  
3.2 NAME **Rev. R. H. Cleveland**  
3.3 STREET ADDRESS **2919 YANQUIN DR**  
3.4 CITY-ST-ZIP **P.O. Box 9358 JAX, FL 32208 (N/A)**

TITLE **P/D DIRECTOR** ☐ DELETE  
NAME **JAMES LUNDY**  
STREET ADDRESS **11333 AMERICAN LANE**  
CITY-ST-ZIP **JAX, FL 32218**

4.1 TITLE **Advisory Committee** ☐ Change ☒ Addition  
4.2 NAME **Mr. Willie Tutson**  
4.3 STREET ADDRESS **3103 W. 45th**  
4.4 CITY-ST-ZIP **Jax FL 32208**

TITLE **D-D DIRECTOR** ☐ DELETE  
NAME **MARGARET H. CRAWFORD**  
STREET ADDRESS **701 N. OCEAN ST APT 405**  
CITY-ST-ZIP **JAX, FL 32202**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **70000193005**  
6.2 NAME **-08/22/96--01092--028**  
6.3 STREET ADDRESS **\*\*\*61.25**  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)