

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004104

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** HOUSE OF HOPE OF ALACHUA COUNTY, INC.

**Current Principal Place of Business:**

2005 E UNIVERSITY AVE  
GAINESVILLE, FL 32641 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12113  
GAINESVILLE, FL 326040113 US

**New Mailing Address:**

**FEI Number:** 59-3336745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, THOMAS  
2005 E. UNIVERSITY AVE.  
GAINESVILLE, FL 32641 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: DP ( ) Delete  
Name: PERRY, KEITH  
Address: P.O. BOX 15598  
City-St-Zip: GAINESVILLE, FL 32604

Title: DV ( ) Delete  
Name: BAKOS, TOMAS  
Address: 2625 S.W. 75TH RD., APT 106  
City-St-Zip: GAINESVILLE, FL 32607

Title: DS ( ) Delete  
Name: WYDER, GARY  
Address: 2702 NW 52ND AVE  
City-St-Zip: GAINESVILLE, FL 32605

Title: DT ( ) Delete  
Name: CANTRELL, FRED  
Address: P.O. BOX 14282  
City-St-Zip: GAINESVILLE, FL 32604

Title: D ( ) Delete  
Name: CHENAULT, SHARON  
Address: 6105 N.W. 111TH PLACE  
City-St-Zip: ALACHUA, FL 32615

Title: D ( ) Delete  
Name: EDMUNDS, BOB  
Address: 5417 N.W. 67 STREET  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRED CANTRELL

DT

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date