

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004104

FILED
Jan 17, 2012
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:

BAKOS, TOM
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: D
Name: PERRY, KEITH
Address: P.O. BOX 15598
City-St-Zip: GAINESVILLE, FL 32604

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

Title: DT
Name: SUSAN, WHITE
Address: PO BOX 12113
City-St-Zip: GAINESVILLE, FL 32604

Title: D
Name: CANTRELL, FRED H
Address: PO BOX 14282
City-St-Zip: GAINESVILLE, FL 32604

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

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

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: FRED CANTRELL

D

01/17/2012

Electronic Signature of Signing Officer or Director

_____ Date