

# ANNUAL REPORT (AR)

DOCUMENT # N97000003188

1. Entity Name

CIRCLE OF HOPE INC.



**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E037 (10/06)

Principal Place of Business Mailing Address  
1550 WEST 9TH STREET 1550 WEST 9TH STREET  
JACKSONVILLE FL 32209 JACKSONVILLE FL 32209

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number 59-3470144  
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BROWN, LINDA A  
1550 WEST 10TH STREET  
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, LINDA	
STREET ADDRESS	1550 W 10TH ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32209	
TITLE	VST	<input type="checkbox"/> Delete
NAME	WILLIAMS, TAMMY	
STREET ADDRESS	2623 DIVISION ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, TERRY	
STREET ADDRESS	1550 WEST 10TH STREET	
CITY-STATE-ZIP	JACKSONVILLE FL 32209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAMILTON, BRENDOLYN	
STREET ADDRESS	3533 HICKORY NUT ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda A. Brown* 2/26/07 904-358-7432