

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90006 050 ****70.00

DOCUMENT # N97000003188

1. Entity Name

CIRCLE OF HOPE INC.



Principal Place of Business

1550 WEST 9TH STREET
JACKSONVILLE FL 32209

Mailing Address

1550 WEST 9TH STREET
JACKSONVILLE FL 32209

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1550 W 10th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32209

FL

4. FEI Number

59-3470144

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, LINDA A
1550 WEST 10TH STREET
JACKSONVILLE FL 32209

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

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

(NOTE: Registered Agent signature must be typed when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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
NAME BROWN, LINDA
STREET ADDRESS 1550 W 10TH ST
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE VST
NAME WILLIAMS, TAMMY
STREET ADDRESS 2623 DIVISION ST
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE SD
NAME BROWN, TERRY
STREET ADDRESS 1550 WEST 10TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE VD
NAME HAMILTON, BRENDOLYN
STREET ADDRESS 3533 HICKORY NUT ST
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

2/8/2008 904-537-6124