

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003188

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: CIRCLE OF HOPE INC.

**Current Principal Place of Business:**

1550 WEST 9TH STREET  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

1550 W 10TH ST.  
JACKSONVILLE, FL 32209

**New Mailing Address:**

FEI Number: 59-3470144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BROWN, LINDA A  
1550 WEST 10TH STREET  
JACKSONVILLE, FL 32209 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: PD ( ) Delete  
Name: BROWN, LINDA  
Address: 1550 W 10TH ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VST ( ) Delete  
Name: WILLIAMS, TAMMY  
Address: 2623 DIVISION ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: SD ( ) Delete  
Name: BROWN, TERRY  
Address: 1550 WEST 10TH STREET  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VD ( ) Delete  
Name: HAMILTON, BRENDOLYN  
Address: 3533 HICKORY NUT ST  
City-St-Zip: JACKSONVILLE, FL 32209

**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:

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: LINDA A. BROWN

CEO

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date