

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000001009

1. Entity Name

HOPE - HI REHAB & ELDERLY FACILITY, INC.



FILED

05 SEP 30 PM 2:41



V. Roberts SEP 30 2005
2nd MOORE CR2E037 (5/05)

Principal Place of Business
12450 BISCAYNE BLVD APT 1609
JACKSONVILLE FL 32218

Mailing Address
12450 BISCAYNE BLVD APT 1609
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1730128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLT, EDWARD L
7901 BAYMEADOWS CIRE E
360
JACKSONVILLE FL 32256

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 required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

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
NAME
STREET ADDRESS
CITY-ST-ZIP
HOLT, EDWARD L
7901 BAYMEADOWS CIRE E #360
JACKSONVILLE FL 32256
DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOLT, CLEMERTINE H
7901 BAYMEADOWS CIRE E #360
JACKSONVILLE FL 32256
ADMINISTRATIVE ASSIST

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CLINTON, TARYN C
7901 BAY MEADOWS CIRE E #360
JACKSONVILLE FL 32256
AD CHAIRMAN OF THE BOARD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOLT, THERESA A
2153 NEWBERRY RD
JACKSONVILLE FL 32218
FA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOLT, CHRISTOPHER A
CRANBERRY ISLE WAY
APOPAK FL 32712
AF VICE CHAIRMAN OF THE BOARD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HOLT, FELICIA
CRANBERRY ISLEWAY
APOPKA FL 32712

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12450 Biscayne Blvd. Apt 1609
JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12450 Biscayne Blvd. Apt #1609
JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12450 Biscayne Blvd. Apt #1609
JACKSONVILLE, FL 32218

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Holt, Ted M, Staff Aide
12450 Biscayne Blvd Apt #1609
JACKSONVILLE, FL 32218 - STAFF AIDE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
627 James Town Blvd.
Altamonte Spring, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500059765975
09/20/05--01006--023 **\$61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edward L Holt