

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000001009

1. Entity Name
HOPE - HI REHAB & ELDERLY FACILITY, INC.



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

Mailing Address
**12450 BISCAYNE BLVD APT 1609
JACKSONVILLE, FL 32218**



09022006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLT, EDWARD L
STREET ADDRESS	12450 BISCAYNE BLVD APT 1609
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	ADS
NAME	HOLT, CLEMERTINE H
STREET ADDRESS	12450 BISCAYNE BLVD APT #1609
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	COB
NAME	CLINTON, TARYN C
STREET ADDRESS	12450 BISCAYNE BLVD APT #1609
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	SA
NAME	HOLT, TED M
STREET ADDRESS	12450 BISCAYNE BLVD APT 1609
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	VCOB
NAME	HOLT, CHRISTOPHER A
STREET ADDRESS	627 JAMES TOWN BLVD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000576315
09/06/06-80007-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Lee Holt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-05-2006

Date

Daytime Phone #