


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 13, 2007 08:00 AM
Secretary of State**

DOCUMENT # N98000001009 1. Entity Name HOPE - HI REHAB & ELDERLY FACILITY, INC.	
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Principal Place of Business 12450 BISCAYNE BLVD APT 1609 JACKSONVILLE, FL 32218	Mailing Address 12450 BISCAYNE BLVD APT 1609 JACKSONVILLE, FL 32218
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DO NOT WRITE IN THIS SPACE



09102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 62-1730128	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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09/13/07-80003-017 61.25

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 L. Holt 9-10-07 904-696-4279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #