2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-12-2004 90661 030 ****61.25
N98000005086

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005086

1. Entity Name
H.O.P.E. FOR PARENTS OF EXCEPTIONAL CHILDREN, INC.

Principal Place of Business	Mailing Address
223 FOREST PARK CIR FOREST PARK OFFICE CENTER PANAMA CITY, FL 32405	223 FOREST PARK CIR FOREST PARK OFFICE CENTER PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE

04062004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORSON, PAUL
2614 PEMBROKE DR
PANAMA CITY, FL 32405

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORSON, VICTORIA L
STREET ADDRESS	2614 PEMBROKE DR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	MORSON, PAUL
STREET ADDRESS	2614 PEMBROKE DR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	D
NAME	ROSENBERGER, AMY
STREET ADDRESS	2614 PEMBROKE DR
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NOTE: THIS CORPORATION IS
NAME	INACTIVE, HAS NO EMPLOYEES, HAS
STREET ADDRESS	NOT MADE ANY SOLICITATIONS FOR
CITY-ST-ZIP	FUNDS, NOR RECEIVED ANY FUNDS.
TITLE	PDMorson
NAME	4/20/04.
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

4/21

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.

(850) 769-4400

SIGNATURE: Paul D Morson PAUL D MORSON CE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FWDOS Pkwy CM# 7099-3400-0009-9845-3888 Filing Fee Paid by 4125 (attached).