

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90214 045 ****61.25

DOCUMENT # N98000005086 1. Entity Name H.O.P.E. FOR PARENTS OF EXCEPTIONAL CHILDREN, INC.					
Principal Place of Business 223 FOREST PARK CIR FOREST PARK OFFICE CENTER PANAMA CITY, FL 32405			Mailing Address 223 FOREST PARK CIR FOREST PARK OFFICE CENTER PANAMA CITY, FL 32405		
2. Principal Place of Business 2614 PEMBROKE DR.		3. Mailing Address 2614 PEMBROKE DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State PANAMA CITY FL		City & State PANAMA CITY FL			
Zip 32405		Country FLA		Zip 32405	
Country FLA		4. FEI Number 34-2031993 <input checked="" 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 MORSON, PAUL 2614 PEMBROKE DR PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE <u><i>Paul D. Morson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 45%; text-align: right;"> <u>24 APRIL 05</u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSON, VICTORIA L <input type="checkbox"/> Delete 2614 PEMBROKE DR PANAMA CITY, FL 32405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSON, PAUL <input type="checkbox"/> Delete 2614 PEMBROKE DR PANAMA CITY, FL 32405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERGER, AMY <input checked="" type="checkbox"/> Delete 2614 PEMBROKE DR PANAMA CITY, FL 32405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, MIKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2614 PEMBROKE DR PANAMA CITY FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENANY, GEHAB, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2614 PEMBROKE DR PANAMA CITY FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, JOYCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2614 PEMBROKE DR PANAMA CITY FL 32405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Paul D. Morson</i></u> <u>24 APRIL 05</u> <u>ESU 769-4400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					