

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90204 050 ****61.25

DOCUMENT # **N98000005086**

1. Entity Name

**H.O.P.E. FOR PARENTS OF EXCEPTIONAL
CHILDREN, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

223 FOREST PARK CIRCLE

Suite, Apt. #, etc.

FOREST PARK OFFICE CENTER

City & State

PANAMA CITY FL

Zip

32405

Country

U.S.A

3. Mailing Address

223 FOREST PARK CIRCLE

Suite, Apt. #, etc.

FOREST PARK OFFICE CENTER

City & State

PANAMA CITY FL 32405

Zip

32405

Country

U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MORSON PAUL

Street Address (P.O. Box Number is Not Acceptable)

2614 PEMBROKE DR

City

PANAMA CITY

FL

Zip Code

32405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul D. Morson

PAUL D. MORSON

15 APRIL 03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

**D. MORSON, VICTORIA L.
2614 PEMBROKE DR.
PANAMA CITY FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D. MORSON, PAUL
2614 PEMBROKE DR.
PANAMA CITY FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ROSABERBERG, AMY
2614 PEMBROKE DR.
PANAMA CITY FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**NOTE. THIS CORPORATION IS
INACTIVE, HAS NO EMPLOYEES,
HAS NOT MADE ANY SOLICITATIONS
FOR FUNDS NOR RECEIVED ANY FUNDS.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD. MORSON

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD. MORSON

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Paul D. Morson

PAUL D. MORSON

15 APRIL 03

830 769-4400

CR2E037B (12/02)