


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N99000004399 1. Entity Name H.O.P.E., INC. OF JACKSONVILLE |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 435 CLARK ROAD SUITE 614 JACKSONVILLE, FL 32218 | Mailing Address 435 CLARK ROAD SUITE 614 JACKSONVILLE, FL 32218 |
|--|--|



09072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 31-1662846 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SAMPSON, JAMES B REV.
9003 POLK AVE.
JACKSONVILLE, FL 32208

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GOB GRIFFIN, ERNEST 435 CLARK RD., STE 614 JACKSONVILLE, FL 32218 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LATOUR, ANNETTE 4835 SOUTEL DRIVE JACKSONVILLE, FL 32208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EDWARDS, DEBRA 4562 NOTTER AVE JACKSONVILLE, FL 32208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCQUEEN, CYNELL 4835 SOUTEL DRIVE JACKSONVILLE, FL 32208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SAMPSON, DR. JAMES B REV. 9003 POLK AVENUE JACKSONVILLE, FL 32208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SAMPSON, JAMIE 9003 POLK AVE. JACKSONVILLE, FL 32208 |

000000378003
09/09/05-80001-008 61.25

**DO NOT WRITE
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)(f), 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: _____

Debra A. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/05 904-765-3111
Date Daytime Phone #