## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004399

Entity Name: H.O.P.E., INC. OF JACKSONVILLE

FILED Mar 20, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

435 CLARK ROAD SUITE 614 JACKSONVILLE, FL 32218

**New Mailing Address: Current Mailing Address:** 

435 CLARK ROAD SUITE 614 JACKSONVILLE, FL 32218

FEI Number: 31-1662846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAMPSON, JAMES B REV. 435 CLARK ROAD SUITE 614 JACKSONVILLE, FL 32218 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:** 

COB

GRIFFIN, ERNEST Name: Address: 435 CLARK RD., STE 614 City-St-Zip: JACKSONVILLE, FL 32218

Title: SEC

Name: LATOUR, ANNETTE Address: 4835 SOUTEL DRIVE City-St-Zip: JACKSONVILLE, FL 32208

Title:

EDWARDS, DEBRA Name: Address: 4835 SOUTEL DR City-St-Zip: JACKSONVILLE, FL 32208

Title:

Name: MCQUEEN, CYNELL Address: 4835 SOUTEL DRIVE City-St-Zip: JACKSONVILLE, FL 32208

Title:

SAMPSON, DR. JAMES B REV. Name: 6149 QUIET COUNTRY LANE Address: City-St-Zip: JACKSONVILLE, FL 32218

Title:

SAMPSON, JAMIE Name:

Address: 6149 QUIET COUNTRY LANE JACKSONVILLE, FL 32218 City-St-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA A. EDWARDS T 03/20/2012