

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000012230

1. Entity Name
H.O.P.E. INTERNATIONAL OF WINTER PARK, INC.



Principal Place of Business

300 S ORANGE AVE
1210
ORLANDO, FL 32801

Mailing Address

300 S ORANGE AVE
1210
ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3694479	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

MEERS, RON G
2200 MAPLETON CT
WINTER PARK, FL 32782

**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 reissuing)

DATE

Ron Meers

1/26/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000613582
02/05/07-80044-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEERS, RON G
STREET ADDRESS	2200 MAPLETON CR.
CITY-ST-ZIP	WINTER PARK, FL 32789

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ron Meers

1/26/07

4073533629

Date

Daytime Phone #