

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90017 014 ***158.75

| | | | | | |
|---|--|--|--|--|-------------------------------------|
| DOCUMENT # P03000052827 1. Entity Name HOPE PLACE, INC. | | | | | |
| Principal Place of Business 6470 SW 80 AVE. TRENTON, FL 32693 | | | Mailing Address 6470 SW 80 AVE. TRENTON, FL 32693 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 33-1054386 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| JACKSON, ARNOLD H 6480 SW 80 AVE TRENTON, FL 32693 | | | 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. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, ARNOLD H <input type="checkbox"/> Delete 2404 LEAFDALE CIRCLE SOUTH JACKSONVILLE, FL 32218 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JACKSON, ARNOLD H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6480 SW 80th AVE TRENTON, FL 32693 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BETZ-JACKSON, GELEMA <input type="checkbox"/> Delete 2404 LEAFDALE CIRCLE SOUTH JACKSONVILLE, FL 32218 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BETZ-JACKSON, GELEMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6480 SW 80th AVE TRENTON, FL 32693 | |
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| 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 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: <u>Gelema Betz Jackson</u> GELEMA BETZ JACKSON | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 5/14/05 | Daytime Phone # 352 463-0700 |

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05142005 Chg-P CR2E034 (10/03)