2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2012
Secretary of State

DOCUMENT# P04000073096

Entity Name: HOPE ADULT DAY CARE INC.

Current Principal Place of Business:

1560 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

1560 ROBERTS DRIVE
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 80-0671733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIELS, WINSTON E
5864 COPPERLAKE DRIVE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: DANIELS, WINSTON E
Address: 5864 COPPERLAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: O
Name: JOHNSON, ZAKKENYA S
Address: 6238 HIGHPOINT ROAD
City-St-Zip: UNION CITY, GA 30291

Title: SEC
Name: EVANS, MELANIE
Address: 4210 EMERALD BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32250

Title: OFF
Name: JOHNSON, DEBRA
Address: 5864 COPPERLAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: OFFI
Name: THOMPSON, MIRIAM
Address: 5864 COPPERLAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WINSTON DANIELS CEO 01/11/2012

Electronic Signature of Signing Officer or Director Date