

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000106283

1. Entity Name
HOPE LEARNING CENTER, INC.



Principal Place of Business
3935 NORTH US-1 UNIT M
COCOA, FL 32926

Mailing Address
3935 NORTH US-1 UNIT M
COCOA, FL 32926

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0883870

Applied For
Not Applicable

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



FILED

04 NOV -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

MARKEY & FOWLER, P.A.
25 MCLEOD STREET
MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent

Name Tinsley, Opal L.
Street Address (P.O. Box Number is Not Acceptable)
3935 North U.S.1, Unit M
City Cocoa FL Zip Code 32926

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 Opal L. Tinsley Opal L. Tinsley Oct. 26, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME TINSLEY, OPAL L
STREET ADDRESS 3935 NORTH US-1 UNIT M
CITY-ST-ZIP COCOA, FL 32926

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD ☐ Change ☒ Addition
NAME Dougherty, Donna S.
STREET ADDRESS 3935 North U.S.1, Unit M
CITY-ST-ZIP Cocoa, FL 32926

TITLE ☐ Change ☐ Addition
NAME 600042364146
STREET ADDRESS 11/01/04--01071--020 **\$1.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Opal L. Tinsley Opal L. Tinsley/President 10/26/04 (321)632-2006
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #