

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006608

**Entity Name:** GABLES HOPE, INC.

**Current Principal Place of Business:**

950 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

950 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134

**FEI Number:** 59-0760211

**Certificate of Status Desired:** No

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

PETERSON, WADE CESQ  
234 NORTH KROME AVENUE  
HOMESTEAD, FL 33030 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title TD  
Name KNOWLES, LEONIDES B.  
Address 817 SANTIAGO ST.  
City-State-Zip: CORAL GABLES FL 33134

Title PD  
Name BATTLE, ROBERT B.  
Address 7350 SW 89 STREET  
#1007S  
City-State-Zip: MIAMI FL 33156

Title SD  
Name HICKSON, ROBERT  
Address 9890 SW 73 STREET  
City-State-Zip: MIAMI FL 33173

Title VP  
Name SULLIVAN, JEFFREY T.  
Address 936 BIRD RD.  
City-State-Zip: CORAL GABLES FL 33146

*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:** JEFFREY T. SULLIVAN

**VICE PRESIDENT**

**03/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date