#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002274

Entity Name: HOPE PAVILION INC.

Feb 19, 2015 **Secretary of State** CC8509321137

**FILED** 

## **Current Principal Place of Business:**

110 PARK AVENUE HASTINGS, FL 32145

## **Current Mailing Address:**

P.O. BOX 503

HASTINGS. FL 32145 US

FEI Number: 59-3741370 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER 110 PARK AVENUE HASTINGS, FL 32145 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:

Address

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title

COLEMAN, ALICE COLEMAN, CHRISTOPHER Name Name

311 LODGE ST. 6190 MAIN ST. Address Address

City-State-Zip: HASTINGS FL 32145 City-State-Zip: HASTINGS FL 32145

Title TR Title CEO

Name COLEMAN, TRANNDA COLEMAN, ANTOINETTE Name

Address 6190 MAIN ST. Address 215 PARK AVENUE

HASTINGS FL 32145 City-State-Zip: City-State-Zip: HASTINGS FL 32145

Т Title Title TR

Name COLEMAN, RAYMOND Name COLEMAN, JANICE Address 215 PARK AVENUE 311 LODGE ST. Address City-State-Zip: HASTINGS FL 32145 City-State-Zip: HASTINGS FL 32145

Title Title

Name WALKER, KATHY COLEMAN, ANTHONY Name Address P.O. BOX 14

City-State-Zip: HASTINGS FL 32145 City-State-Zip: HASTINGS FL 32145

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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: ANTOINETTE B. COLEMAN

P.O. BOX113

CHIEF EXECUTIVE **OFFICER** 

02/19/2015

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title TR

Name WILSON, BARBARA Address 9960 LIGHT AVE.

City-State-Zip: HASTINGS FL 32145

Title TR

Name WHITE, C. ERICA

Address 3773 ESPLANADE WAY

City-State-Zip: TALLAHASSEE FL 32311

Title S

Name HARRIS, DARRENTON

Address 113 HIBISCUS ST.

City-State-Zip: PALATKA FL 32177