2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# 750901

Entity Name: HOPE FAMILY SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 1624
BRADENTON, FL 34206

New Principal Place of Business:

1201 8TH AVENUE WEST
BRADENTON, FL 34205

Current Mailing Address:

P.O. BOX 1624
BRADENTON, FL 34206

New Mailing Address:

FEI Number: 59-1970241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, LAUREL A
1201 8TH AVE W
BRADENTON, FL 34205 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:	VD	( ) Delete
Name:	FISHER, ROSEMARIE	
Address:	PO BOX 1624	
City-St-Zip:	BRADENTON, FL 34206	
Title:	TD	( ) Delete
Name:	MAURO, CAROLYN A.	
Address:	PO BOX 1624	
City-St-Zip:	BRADENTON, FL 34206	
Title:	D	( ) Delete
Name:	STEUBE, BRAD COLONEL	
Address:	PO BOX 1624	
City-St-Zip:	BRADENTON, FL 34206	
Title:	D	( ) Delete
Name:	FRIEDRICH, DANIEL	
Address:	PO BOX 1624	
City-St-Zip:	BRADENTON, FL 34206	
Title:	SD	( ) Delete
Name:	PAPPAS, SUSAN	
Address:	PO BOX 1624	
City-St-Zip:	BRADENTON, FL 34206	
Title:	PD	( ) Delete
Name:	BENNETT, DEE	
Address:	PO BOX 1624	
City-St-Zip:	BRADENTON, FL 34206	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MINISTRAL, KRISTIN CAPTAIN	
Address:	PO BOX 1624	
City-St-Zip:	BRADENTON, FL 34206	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAUREL A. LYNCH ED 02/26/2007
Electronic Signature of Signing Officer or Director — Date