

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750901

FILED
Apr 10, 2008
Secretary of State

Entity Name: HOPE FAMILY SERVICES, INC.

Current Principal Place of Business:

1201 8TH AVENUE WEST
BRADENTON, FL 34205

New Principal Place of Business:

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 (X)

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:

LYNCH, LAUREL A ED
1201 8TH AVE W
BRADENTON, FL 34205 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: LAUREL A. LYNCH

04/10/2008

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: MINISTRAL, KRISTIN CAPTAIN
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CLANCY, ANNE
Address: PO BOX 1624
City-St-Zip: BRADENTON, FL 34206

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/10/2008

Electronic Signature of Signing Officer or Director

Date