2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005086

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 11, 2005 Secretary of State

Entity Name: NATIONAL HOUSE OF HOPE, INC.

Current Principal Place of Business: New Principal Place of Business: 2036 36TH ST ORLANDO, FL 32839 **Current Mailing Address: New Mailing Address:** 2036 36TH ST ORLANDO, FL 32839 FEI Number: 59-3740026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: G & L AGENT SERVICES, INC. 390 N ORANGE AVE 600 ORLANDO, FL 32801 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DIR () Delete (X) Change () Addition MARTINEZ, KITTY Name: MARTINEZ, KITTY Name: 1127 RECTOR LANE Address: 4398 NEW BROAD STREET Address: City-St-Zip: MCLEAN, VA 22102 US City-St-Zip: ORLANDO, FL 32814 US Title: (X) Delete Title: () Change () Addition HUGHES, DONNA R Name: Name: Address: 1378 CARPERS FARM WAY Address: City-St-Zip: VIENNA, VA 22182 US City-St-Zip: Title: () Delete Title: () Change () Addition DORNBUSCH, RAY SECRETA Name: Name: 101 EAST BAY COURT Address: Address: City-St-Zip: TRAVERSE CITY, MI 49686 US City-St-Zip: Title: DIR (X) Delete Title: () Change () Addition Name: JEPSEN, DEE CHAIRMA Name: Address: 3542 PENNY ROYAL DRIVE Address: City-St-Zip: PT. CHARLOTTE, FL 33953 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: SARA E. TROLLINGER PRES 01/11/2005

() Delete

() Delete

TROLLINGER, SARA E PRESIDE

2036 36TH STREET

ORLANDO, FL 32839 US

GABRI, DAVE TREASUR

9714 GREEN ISLAND COVE

WINDERMERE, FL 34786 US

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