

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001943

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: HOPE INTERNATIONAL MENTORING CENTER, INC.

**Current Principal Place of Business:**

3751 NW 94TH AVENUE  
COOPER CITY, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

3751 NW 94TH AVENUE  
COOPER CITY, FL 33024

**New Mailing Address:**

FEI Number: 56-2347261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAW OFFICES OF CRAIG M. DORNE, P.A.  
407 LINCOLN RD., PENTH. SOUTHEAST  
MIAMI BCH, FL 33139 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: D ( ) Delete  
Name: SWILLEY, W. DUANE  
Address: 3751 NW 94TH AVENUE  
City-St-Zip: COOPER CITY, FL 33024

Title: D ( ) Delete  
Name: SWILLEY, DEBORAH L  
Address: 3751 NW 94TH AVENUE  
City-St-Zip: COOPER CITY, FL 33024

Title: D ( ) Delete  
Name: SWILLEY, JOSHUA E  
Address: 3751 NW 94TH AVENUE  
City-St-Zip: COOPER CITY, FL 33024

Title: D ( ) Delete  
Name: KURZWEIL, DANIEL  
Address: 3751 NW 94TH AVENUE  
City-St-Zip: COOPER CITY, FL 33024

Title: D ( ) Delete  
Name: DEAN, WAYNE  
Address: 3751 NW 94TH AVENUE  
City-St-Zip: COOPER CITY, FL 33020

Title: D ( ) Delete  
Name: MARROQUIN, MARCO  
Address: 3751 NW 94TH AVENUE  
City-St-Zip: COOPER CITY, FL 33024

**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: ( ) 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 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: DANIEL KURZWEIL

MR.

04/29/2009

Electronic Signature of Signing Officer or Director

Date