

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# N04000010917

Entity Name: MARY'S HOUSE OF HOPE, INC.

Current Principal Place of Business:

1104 SE 12TH AVE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1104 SE 12TH AVE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 37-1500057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURT, WANDA M PRES
5550 HARBORAGE DR
FT MYERS, FL 33908 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: PRES () Delete
Name: HURT, WANDA
Address: 5550 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: FLETCHER, MARY A
Address: 18609 BARTOW BLV
City-St-Zip: FORT MYERS, FL 33912

Title: TRES () Delete
Name: CALABRESE, SUSAN
Address: 13142 INGLENOK DR
City-St-Zip: FT MYERS, FL 33919

Title: CM () Delete
Name: DRAMKO, DIANE
Address: 1423 SE 16TH PL #102
City-St-Zip: CAPE CORAL, FL 33990

Title: DIRE () Delete
Name: MAGNESE, SHERRY
Address: 2104 SW 52ND LN
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: MICHELE, PATRICK
Address: 1103 INGLENOK
City-St-Zip: FORT MYERS, FL 33907

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: CHIR (X) Change () Addition
Name: DRAMKO, DIANE
Address: 1423 SE 16TH PL #102
City-St-Zip: CAPE CORAL, FL 33990

Title: DIRE (X) Change () Addition
Name: MAGNESS, SHERRY
Address: 2104 SW 52ND LN
City-St-Zip: CAPE CORAL, FL 33914

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: WANDA M. HURT

Electronic Signature of Signing Officer or Director

PRES

03/27/2008

_____ Date