


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90069 001 \*\*\*\*\*1.00  
 05-01-2007 90069 002 \*\*\*\*\*61.00

**DOCUMENT # N06000001795**

1. Entity Name  
**LIVE-N-HOPE INC.**



Principal Place of Business  
**6076-13 MAGGIE CIR  
 JACKSONVILLE, FL 32244**

Mailing Address  
**6076-13 MAGGIE CIR  
 JACKSONVILLE, FL 32244**

2. Principal Place of Business - No P.O. Box #  
**1725 Oakhurst Ave**

3. Mailing Address  
**1725 Oakhurst Ave**

Suite, Apt. #, etc.


City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE, FL**

Zip  
**32208**

Country  
**USA**

00010010



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-4189226**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DICKENSON, LINDA  
 6076-13 MAGGIE CIR  
 JACKSONVILLE, FL 32244**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Linda Dickenson* President DATE **15 April 2007**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))

**Filing Fee is \$81.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC DICKENSON, LINDA 6076-13 MAGGIE CIR JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KASTEN, DIGNA 6076-13 MAGGIE CIR JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, RUTH 6076-13 MAGGIE CIR JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BURTON, JOSEPH 6076-13 MAGGIE CIR JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLEMAN, PURCELL 6076-13 MAGGIE CIR JACKSONVILLE, FL 32244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Dickenson* DATE **15 April 2007** (904) 652-1509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR