

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001795

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: LIVE-N-HOPE INC.

**Current Principal Place of Business:**

1725 OAKHURST AVE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

1725 OAKHURST AVE  
JACKSONVILLE, FL 32208

**New Mailing Address:**

FEI Number: 20-4189226      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DICKENSON, LINDA  
6076-13 MAGGIE CIR  
JACKSONVILLE, FL 32244      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: PC      ( ) Delete  
Name: DICKENSON, LINDA  
Address: 6076-13 MAGGIE CIR  
City-St-Zip: JACKSONVILLE, FL 32244

Title: S      ( ) Delete  
Name: KASTEN, DIGNA  
Address: 6076-13 MAGGIE CIR  
City-St-Zip: JACKSONVILLE, FL 32244

Title: T      ( ) Delete  
Name: YOUNG, RUTH  
Address: 6076-13 MAGGIE CIR  
City-St-Zip: JACKSONVILLE, FL 32244

Title: AS      ( ) Delete  
Name: BURTON, JOSEPH  
Address: 6076-13 MAGGIE CIR  
City-St-Zip: JACKSONVILLE, FL 32244

Title: AT      ( ) Delete  
Name: COLEMAN, PURCELL  
Address: 6076-13 MAGGIE CIR  
City-St-Zip: JACKSONVILLE, FL 32244

**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:

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: LINDA DICKENSON

PC

04/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date