

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001795

FILED
Feb 18, 2009
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:

6076 MAGGIES CIRCLE
13
JACKSONVILLE, FL 32244

Current Mailing Address:

1725 OAKHURST AVE
JACKSONVILLE, FL 32208

New Mailing Address:

6076 MAGGIES CIRCLE
13
JACKSONVILLE, FL 32244

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

02/18/2009

Electronic Signature of Signing Officer or Director

Date