

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001795

FILED  
Jan 28, 2010  
Secretary of State

Entity Name: LIVE-N-HOPE INC.

**Current Principal Place of Business:**

6076 MAGGIES CIRCLE  
13  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

6076 MAGGIES CIRCLE  
13  
JACKSONVILLE, FL 32244

**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  
Name: DICKENSON, LINDA  
Address: 6076-13 MAGGIE CIR  
City-St-Zip: JACKSONVILLE, FL 32244

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LINDA DICKENSON

PRES

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date