

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24735

FILED
Feb 16, 2007
Secretary of State

Entity Name: HOPE AND HELP CENTER OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1935 WOODCREST DR
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

1935 WOODCREST DR
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 59-2872225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: SBOD () Delete
Name: SCURLOCK, THEARON
Address: 909 EAST SOUTH STREET
City-St-Zip: ORLANDO, FL 32801

Title: T () Delete
Name: GRIFFITHS, SCOTT
Address: 1710 TIMBER HILLS DRIVE
City-St-Zip: DELAND, FL 32724

Title: ED () Delete
Name: CARIFI, MARILYN
Address: 2421 MANDAN TRAIL
City-St-Zip: WINTER PARK, FL 32789

Title: PBOD () Delete
Name: POOLEY, BRUCE
Address: 4028 STONEFIELD
City-St-Zip: ORLANDO, FL 32826

Title: VPD () Delete
Name: PAPARELLA, LOUIS
Address: 2757 DEER BERRY COURT
City-St-Zip: LONGWOOD, FL 32779

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: PBOD (X) Change () Addition
Name: BRADFORD, TED
Address: FNBCF 365 NORTH NEW YORK AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VPD (X) Change () Addition
Name: PINERO, RAFAEL DR.
Address: 1720 SOUTH ORANGE ST. SUITE 500
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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: MARILYN CARIFI

ED

02/16/2007

Electronic Signature of Signing Officer or Director

Date