

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000902

FILED
Apr 14, 2007
Secretary of State

Entity Name: HOPE COMMUNITY COVENANT CHURCH, INC.

Current Principal Place of Business:

CHRISTA MC AULIFFE MIDDLE SCHOOL
6500 LE CHALET BLVD
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

BLACK, JAMES
4781 N. CONGRESS AVE. #207
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 65-0413125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLAHAN, KEVIN
7600 RIDGEFIELD LANE
LAKE WORTH, FL 33467 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: DT () Delete
Name: CLARKE, JOHN E
Address: 11150 STONYBROOK LN
City-St-Zip: BOYNTON BCH, FL 33437

Title: DC () Delete
Name: OSTER, HAROLD A
Address: 9879 SUN POINT DRIVE
City-St-Zip: BOYNTON BEACH, FL

Title: DS () Delete
Name: PANICO, JOHN
Address: 6 REDFORD DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D () Delete
Name: PERRY, TONIE
Address: 1715 BOYNTON BAY COURT
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D (X) Delete
Name: VAILLANCOURT, JAMES
Address: 111 WALKER AVE.
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HALLAHAN, KEVIN J
Address: 7600 RIDGEFIELD LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Change () Addition
Name: HURLEY, ROBIN A
Address: 145 ABACO DR.
City-St-Zip: PALM SPRINGS, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN E. CLARKE

DT

04/14/2007

Electronic Signature of Signing Officer or Director

_____ Date