2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 30, 2003 8:00 am Secretary of State DOCUMENT # N99000004122 04-30-2003 90314 013 ****61.25 A WOMAN'S HOPE, INC. Principal Place of Business Mailing Address 3325 GRIFFIN RD 3321 NORTH 41ST COURT FORT LAUDERDALE FL 33312 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State FEI Number 65-0935672 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TANDHASETTI, PEPPIE Street Address (P.O. Box Number is Not Acceptable) 3321 NORTH 41ST COURT HOLLYWOOD FL 33021 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. . SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TIT! F FERIAS, SANTIAGO NAME NAME 29331 SW 147 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEISURE CITY FL 33030 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE TANDHASETTI, PEPPIE NAME NAME 3321 NO 41 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE rivera-hidalgo. Zoreida dr NAME NAME 2647 HOLLYWOOD BLVD STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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4/28/03 954 961-3516

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