

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007893

FILED
May 02, 2011
Secretary of State

Entity Name: HOPE FOR FAMILIES CHARITY, INC.

Current Principal Place of Business:

130 S INDIAN RIVER DR
STE 301
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

130 S INDIAN RIVER DR
STE 301
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 27-0737470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, KENNETH N
130 S INDIAN RIVER DR SUITE 301
FORT PIERCE, FL 34950 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: DP
Name: BROWN, KENNETH N DR
Address: 5261 TREE TOP TRAIL
City-St-Zip: FORT PIERCE, FL 34951

Title: DVP
Name: MUNSIE, PAUL A
Address: 886 SW GRAND RESERVE BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DT
Name: COSTANZO, CHRIS
Address: 868 SW PIEDMONT CT
City-St-Zip: ST. LUCIE, FL 34986

Title: DS
Name: THOMPSON, DAVID DR
Address: 130 S INDIAN RIVER DR STE 301
City-St-Zip: FORT PIERCE, FL 34950

Title: D
Name: FUNK, LEE DR
Address: 1511 US HIGHWAY 1
City-St-Zip: SEBASTIAN, FL 34958

Title: D
Name: HILL, MOSES A REV
Address: 130 S INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34950

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: PAUL MUNSIE

DVP

05/02/2011

Electronic Signature of Signing Officer or Director

Date