## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 334368** 

Title:

Name:

City-St-Zip:

**Current Principal Place of Business:** 

Entity Name: YACHT HOPE CORPORATION

( ) Delete

HYNES, JAMES E

PALM BCH., FL

FILED Jul 15, 2007 Secretary of State

() Change () Addition

321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 US	2718 NE 18TH STREET FT. LAUDERDALE, FL 33305 US
Current Mailing Address:	New Mailing Address:
P.O. BOX 2675 PALM BEACH, FL 33480 US	2718 NE 18TH STREET FT. LAUDERDALE, FL 33305 US
FEI Number: 59-1218055 FEI Number Applied For ( ) FEI Nu	mber Not Applicable ( ) Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
FROST, GEORGE 915 MACY STREET WEST PALM BEACH, FL 33405 US	BYRD, ROBERT L 2718 NE 18TH STREET FT. LAUDERDALE, FL 33305 US
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: ROBERT L. BYRD	07/15/2007
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

Name:

**New Principal Place of Business:** 

6525 MORRISON BLVD. Address: Address: City-St-Zip: CHARLOTTE, NC City-St-Zip: Title: VD () Delete Title: () Change () Addition HARRELL, HENRY Name: Name: Address: 1300 RIVER ROAD, W. Address: MANAKIN-SABOT, VA City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: DICKSON, STUART R., Name: 20002 FIRST UNION PLAZA Address: Address: City-St-Zip: CHARLOTTE, NC City-St-Zip: Title: () Delete Title: () Change () Addition FROST, GEORGE, Name: Name: Address: 915 MACY ST. Address: City-St-Zip: W.P.B., FL City-St-Zip: Title: AS Title: ( ) Delete () Change () Addition MAASS, HAROLD G., Name: Name: Address: 321 ROYAL POINCIANA PLZ Address:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT L. BYRD SECR 07/15/2007