2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 709951

TI FILED
Oct 23, 2009
Secretary of State

Entity Name: HOPE CENTER, INC.

Current Principal Place of Business:

New Principal Place of Business:

2700 WEST 81ST STREET HIALEAH, FL 33016

Current Mailing Address:

New Mailing Address:

2700 WEST 81ST STREET HIALEAH, FL 33016

FEI Number: 59-0737623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LUSTIG, ROY R ESQ 1 SE 3RD AVENUE SUITE 1210 MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 ANIELLO, JOSEPH A ED.D.

 Address:
 2700 WEST 81ST STREET

 City-St-Zip:
 HIALEAH, FL 33016

 Title:
 VP
 () Delete

 Name:
 TERENZIO, DEBRA ED.D.

 Address:
 2700 WEST 81ST STREET

 City-St-Zip:
 HIALEAH, FL 33016

 Title:
 VP
 () Delete

 Name:
 GLUCK, LINDA

 Address:
 2700 WEST 81ST STREET

 City-St-Zip:
 HIALEAH, FL 33016

Title: S/VP () Delete Name: RANGEL, RICHARD

Address: CITY NATIONAL BANK 250 E. LAS OLAS BLVD.

City-St-Zip: FT. LAUDERDALE, FL 33301

Title: T (X) Delete

 Name:
 STEINHART, CRAIG

 Address:
 2501 N.E. 22 TERRACE

 City-St-Zip:
 FT. LAUDERDALE, FL 33305

Title: PRES (X) Change () Addition
Name: ANIELLO, JOSEPH PRES
Address: 2700 WEST 81ST STREET
City-St-Zip: HIALEAH, FL 33016

Title: SEC (X) Change () Addition
Name: GLUCK, LINDA VP CFO
Address: 2700 WEST 81ST STREET
City-St-Zip: HIALEAH, FL 33016

Title: TREA (X) Change () Addition
Name: GLUCK, LINDA VP CFO
Address: 2700 WEST 81ST STREET
City-St-Zip: HIALEAH, FL 33016

Title: ASEC (X) Change () Addition
Name: TERENZIO, DEBBIE VP COO
Address: 2700 W. 81 STREET
City-St-Zip: HIALEAH, FL 33016

Title: () Change () Addition

Name: Address: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. ANIELLO PRES 10/23/2009