


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 752362</b> 1. Entity Name HOPE RURAL SCHOOL, INCORPORATED	
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Principal Place of Business C/O SR. MARIE DOOLEY 15929 S.W. 150TH ST. INDIANTOWN, FL 34956	Mailing Address C/O SR. MARIE DOOLEY 15929 S.W. 150TH ST. INDIANTOWN, FL 34956
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2001615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  DOOLEY, SR. MARY HOPE RURAL SCHOOL 15929 S.W. 150TH ST. INDIANTOWN, FL 34956
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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: <u>Sister Mary Dooley, Director</u> 7/3/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEFKER, PAUL E P.O. BOX 294 N/A INDIANTOWN, FL 00000, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REED, NATHANIEL PO BOX 1213 HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICCI, EDWARD M PO BOX 2946 WEST PALM BEACH, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWERS, BRIAN PO BOX 8 INDIANTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOLLEY, AMY 16601 SW MORGAT ST INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000768315  
07/12/07-80004-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.
SIGNATURE: <u>Sister Mary Dooley, Director</u> 7/3/07 772-597-2203 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>