

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002789

FILED
Jan 09, 2006
Secretary of State

Entity Name: BASKET OF HOPE, INC.

Current Principal Place of Business:

3558 S. JEFFERSON
ST LOUIS, MO

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510860
ST LOUIS, MO 63151

New Mailing Address:

FEI Number: 43-1789081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAGHAN, RUSHTON
402 NORTH 4TH STREET
JACKSONVILLE, FL 32250 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: C () Delete
Name: O'NEAL, TOM
Address: 512 CLAYWORTH DR
City-St-Zip: BALLWIN, MO 63011

Title: VC () Delete
Name: BRUNETTE, PAUL
Address: 2801 BUCKHELD CT
City-St-Zip: ST LOUIS, MO 63129

Title: D () Delete
Name: SEARS, MARK
Address: 24 ROCK WIND CT
City-St-Zip: O'FALLON, MO 63366

Title: D () Delete
Name: MORAN, MARCI
Address: ONE CITY PLACE DR., STE 510
City-St-Zip: ST LOUIS, MO 63141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change () Addition
Name: BRUNETTE, PAUL
Address: 2801 BUCKFIELD CT
City-St-Zip: ST LOUIS, MO 63129

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PRITTS, MARCI
Address: ONE CITY PLACE DR., STE 510
City-St-Zip: ST LOUIS, MO 63141

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL BRUNETTE

VP

01/09/2006

Electronic Signature of Signing Officer or Director

Date