2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State
02-19-2007 90061 040 ****61.25

DOCUMENT # F05000001505

1. Entity Name

HOPE AND CARE INTERNATIONAL INCORPORATED

Principal Place of Business	Mailing Address
C/O 883 LIVINGSTON LOOP THE VILLAGES FL 32162	C/O 883 LIVINGSTON LOOP THE VILLAGES FL 32162

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
883 Livingston Loop Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.
City & State: The Villages	City & State: SAME
Zip: 71 Country: Sumter	Zip: SAME Country: SAME

4. FEI Number: 36-3776486 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWINDLE, JANICE REV C/O 883 LIVINGSTON LOOP THE VILLAGES FL 32162	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROOP, DENNIS JR 112 BRAEBURN RD MONTGOMERY IL 60538	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasure Dennis Roop JR 30029 PGR DR. Sarrento, Florida 32776	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DENNIS, ROY JR 433 S LANE CIR APT 215 LAKE-MARY-FL-32746	☐ Delete MISTAKE no DENNIS ROY	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SWINDLE, JANICE I 883 LIVINGSTON LOOP THE VILLAGES FL 32162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PResident JANICE I, SWINDLE 583 LIVINGSTON LOOP The Village, Florida	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CHANDLER, RICHARD 517 1/2 W. PARK AVE, P.O. BOX 694 SHERIDAN IL 60551	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Officer Chandler Richard ~~Chandler~~ 95 Laurel Cove Terrace Murphy, No. Carolina 28906	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWINDLE, WILLIAM C 409 BROOKHAVEN CIR SUGAR GROVE IL 60554	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	officer William C. Swindle 541 pine mountain Rd Tamassee, S.C. 29686	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHANDLER, RICHARD 95 LAUREL COVE MURPHY NC 28906	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Office Richard Chandler 95 Laurel Cove Terrace Murphy, NC	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Janice Swindle - JANICE SWINDLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #