2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # F07000000153

1. Entity Name
A CHILD'S HOPE FUND CORPORATION

Principal Place of Business	Mailing Address
2532 ABEDUL ST. CARLSBAD, CA 92009	P. O. BOX 131655 CARLBAD, CA 92013

02252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3976258

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000864973
04/07/08-80009-012 70.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	MACCOLLAM, JOEL
STREET ADDRESS	2532 ABEDUL ST.
CITY-ST-ZIP	CARLSBAD, CA 92009
TITLE	SD
NAME	HANSON, DONALD E
STREET ADDRESS	1700 N. PASS AVE.
CITY-ST-ZIP	BURBANK, CA 91505
TITLE	TD
NAME	STRUTT, KIM
STREET ADDRESS	945 COUNTRY CLUB DR.
CITY-ST-ZIP	BURBANK, CA 91501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joel H. MacCollam 3-18-08 760-930-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #