



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90326 021 ****61.25

DOCUMENT # F07000000498 1. Entity Name POST HOPE FOUNDATION INC					
Principal Place of Business 4401 NORTHSIDE PARKWAY SUITE 800 ATLANTA, GA 30327			Mailing Address 4401 NORTHSIDE PARKWAY SUITE 800 ATLANTA, GA 30327		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-1856226	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P STOCKETT, DAVID P 4401 NORTHSIDE PARKWAY, SUITE 800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached for complete list of officers and directors. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, SHERYL G 4401 NORTHSIDE PARKWAY, SUITE 800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAPA, CHRISTOPHER G J 4401 NORTHSIDE PARKWAY, SUITE 800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX-D MADDOX, JANIE S 4401 NORTHSIDE PARKWAY, SUITE 800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, KATHLEEN 4401 NORTHSIDE PARKWAY, SUITE 800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKLEF, LINDA J 4401 NORTHSIDE PARKWAY, SUITE 800 ATLANTA, GA 30327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Sheryl G. Cohen</u> 4/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Sheryl G. Cohen, Secretary

ATTACHMENT 40083556
F0700000498

**Response to items 10 and 11 of 2008 Not-for-Profit Corporation Annual Report for
Post Hope Foundation, Inc.**

List of Directors for Post Hope Foundation, Inc.

David P. Stockert, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Sheryl G. Cohen, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Janie S. Maddox, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Kathleen M. Mason, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Christopher J. Papa, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Linda J. Ricklef 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Thomas D. Senkbeil, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Thomas L. Wilkes, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327

List of Officers for Post Hope Foundation, Inc.

David P. Stockert, President, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Sheryl G. Cohen, Secretary, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Christopher J. Papa, Treasurer, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Janie S. Maddox, Executive Director, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327
Kathleen M. Mason, Assistant Treasurer, 4401 Northside Parkway, Suite 800, Atlanta, GA 30327