

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000498

FILED
Apr 20, 2009
Secretary of State

Entity Name: POST HOPE FOUNDATION INC

Current Principal Place of Business:

4401 NORTHSIDE PARKWAY
SUITE 800
ATLANTA, GA 30327

New Principal Place of Business:

Current Mailing Address:

4401 NORTHSIDE PARKWAY
SUITE 800
ATLANTA, GA 30327

New Mailing Address:

FEI Number: 20-1856226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: P () Delete
Name: STOCKETT, DAVID P
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: SD () Delete
Name: COHEN, SHERYL G
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: TD () Delete
Name: PAPA, CHRISTOPHER G J
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: EX-D () Delete
Name: MADDOX, JANIE S
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: D () Delete
Name: MASON, KATHLEEN
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: D () Delete
Name: RICKLEF, LINDA J
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STOCKETT, DAVID P
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

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

Title: TD (X) Change () Addition
Name: PAPA, CHRISTOPHER J
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

Title: D (X) Change () Addition
Name: WILKES, THOMAS L
Address: 4401 NORTHSIDE PARKWAY, SUITE 800
City-St-Zip: ATLANTA, GA 30327

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHERYL G. COHEN

SECT

04/20/2009

Electronic Signature of Signing Officer or Director

Date