## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000005927

FILED Jan 15, 2009 Secretary of State

Entity Name: CHILDRENS HOPES & DREAMS FOUNDATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	JDLAND RD. EGA, GA 30533			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
	JDLAND RD. EGA, GA 30533			
El Number	r: 22-2452473 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desire	d (X)	
lame and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:		
401 STA PT. 521	Z, JESSICA NFORD ROAD CITY, FL 32405 US			
	e named entity submits this statement for the of Florida.	the purpose of changing its registered office or registered agent,	or bot	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent Date		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTO	
itle: ame:	PRES () Delete FRANKLIN, VIC 138 CLOUDLAND RD.	Title: ( ) Change ( ) Addition Name: Address:		
	DAHLONEGA, GA 30533	City-St-Zip:		
ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip:				
tle: ame: ddress: ity-St-Zip: ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	DAHLONEGA, GA 30533  VP ( ) Delete PETERSON, DANIEL 21 WAYNE BLVD	City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:		
ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tte: ame: ddress: ity-St-Zip:	DAHLONEGA, GA 30533  VP ( ) Delete PETERSON, DANIEL 21 WAYNE BLVD MADISON, NJ 07940  T ( ) Delete STARK, JAMES 6 EAST SIDE DR.	City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:		
ity-St-Zip: tle: ame: ddress:	DAHLONEGA, GA 30533  VP ( ) Delete PETERSON, DANIEL 21 WAYNE BLVD MADISON, NJ 07940  T ( ) Delete STARK, JAMES 6 EAST SIDE DR. NEWTON, NJ 07860  S ( ) Delete GABLE, GIN 607 ELIZABETH AVE.	City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  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: VIC FRANKLIN PRES 01/15/2009