

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

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000000144

1. Entity Name

BROTHERHOOD OF HOPE, INC.



Principal Place of Business

Mailing Address

194 SUMMER STREET
SOMERVILLE MA 02143

194 SUMMER STREET
SOMERVILLE MA 02143



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

22-2596127

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

PEARSON, MICHAEL
ST. THOMAS MORE CO-CATHEDRAL
INTERSECTION OF WOODWARD & W. TENNESSEE ST
TALLAHASSEE FL 32316

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME PTR
STREET ADDRESS BUNSA, J. RAHI
CITY- ST- ZIP 194 SUMMER STREET
SOMERVILLE MA 02143

TITLE ☐ Change ☐ Addition
NAME U00000726931
STREET ADDRESS 05/04/07-80026-023 61.25
CITY- ST- ZIP

TITLE ☐ Delete
NAME VTR
STREET ADDRESS GUNN, SAMUEL T.
CITY- ST- ZIP 194 SUMMER STREET
SOMERVILLE MA 02143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME STR
STREET ADDRESS HELFRICH, PAUL D
CITY- ST- ZIP 194 SUMMER STREET
SOMERVILLE MA 02143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME TTR
STREET ADDRESS QUENSE, STEPHEN A
CITY- ST- ZIP 2302 W. MISSION ROAD
TALLAHASSEE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Paul D. Helfrich PAUL D. HELFRICH

4/9/07 (617) 623-9592