2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F96000000144

Entity Name: BROTHERHOOD OF HOPE, INC.

Current Principal Place of Business:

194 SUMMER STREET
SOMERVILLE, MA 02143

New Principal Place of Business:

Current Mailing Address:

194 SUMMER STREET
SOMERVILLE, MA 02143

New Mailing Address:

FEI Number: 22-2596127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MURPHY, ELLEN
ST. THOMAS MORE CO-CATHEDRAL
INTERSECTION OF WOODWARD & W. TENNESSEE ST
TALLAHASSEE, FL 32316 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: PTR ( ) Delete
Name: BUNSA, J. RAHI
Address: 194 SUMMER STREET
City-St-Zip: SOMERVILLE, MA 02143

Title: VTR ( ) Delete
Name: GUNN, SAMUEL T
Address: 194 SUMMER STREET
City-St-Zip: SOMERVILLE, MA 02143

Title: STR ( ) Delete
Name: HELFRICH, PAUL D
Address: 194 SUMMER STREET
City-St-Zip: SOMERVILLE, MA 02143

Title: TTR ( ) Delete
Name: QUENSE, STEPHEN A
Address: 2302 W. MISSION ROAD
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
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: PAUL D. HELFRICH STR 04/27/2009

Electronic Signature of Signing Officer or Director — Date