

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004964

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: GIVING HOPE, INC.

**Current Principal Place of Business:**

8825 BOGGY CREEK ROAD  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

8825 BOGGY CREEK ROAD  
ORLANDO, FL 32824

**New Mailing Address:**

FEI Number: 74-2901402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MERZ, WILLIAM J  
8825 BOGGY CREEK ROAD  
ORLANDO, FL 32824 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: GOAD, RICHARD J  
Address: 100 ACADIA TERRACE  
City-St-Zip: CELEBRATION, FL

Title: VP ( ) Delete  
Name: GOAD- PANKALLA, CAROLYN  
Address: 201 EASTPARK DRIVE  
City-St-Zip: CELEBRATION, FL

Title: S ( ) Delete  
Name: HOFFMAN, GEORGE M  
Address: 1176 SCARLET COURT  
City-St-Zip: WESTERVILLE, OH 43081

Title: VP ( ) Delete  
Name: GOAD, TIMOTHY  
Address: 1282 EASTPARK DRIVE ROAD  
City-St-Zip: CELEBRATION, FL

Title: VP ( ) Delete  
Name: GOAD, CURTIS  
Address: 520 CLAREDON AVENUE  
City-St-Zip: CELEBRATION, 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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD J GOAD

P

01/05/2005

Electronic Signature of Signing Officer or Director

Date