## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002632

Entity Name: LOVE AND HOPE FOUNDATION INC

FILED Mar 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6407 AMUNDSON ST TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** P.O. BOX 260722 TAMPA, FL 336850722 FEI Number: 65-0970442 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, RAMON MARTINEZ, RAMON JR 6407 AMUNDSON ST 6407 AMUNDSON ST TAMPA, FL 33634 TAMPA, FL 33634 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: RAMON MARTINEZ 03/12/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete DURAN, MANUEL DURAN, MANUEL Name: Name: 10641 WAYBRIDGE DRIVE Address: 10641 WAYBRIDGE DRIVE Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 Title: () Delete Title: () Change () Addition Name: MARTINEZ, RAMON Name: Address: 6407 AMUNDSON ST Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: () Delete Title: () Change () Addition BRAVO-ROSADO, CARMEN A Name: Name: 13324 ASHBARK CT Address: Address: City-St-Zip: RIVERVIEW, FL 33579 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: LAZALA, MARCOS 8953 BAYAUD DR Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33626 Title: () Delete Title: ( ) Change (X) Addition RODRIQUEZ, JOHN Name: Name: 4221 NORTH HIME AVE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33607 Title: () Delete Title: ( ) Change (X) Addition MUGARRA, MARIA E Name: Name: Address: Address: 12622 NICOLE LANE **TAMPA, FL 33625** City-St-Zip: 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: RAMON MARTINEZ D 03/12/2009