

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004669

FILED  
May 17, 2006  
Secretary of State

**Entity Name:** A DOOR OF HOPE PROJECT, INC.

**Current Principal Place of Business:**

985 NEWFOUND HARBOR DR  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

985 NEWFOUND HARBOR DR  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:** 59-3662128      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HAWKINS, CAROLYN  
985 NEWFOUND HARBOR DR  
MERRITT ISLAND, FL 32952      US

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: D      ( ) Delete  
Name: ARMAND, MICHELLE E  
Address: P O BOX 542924  
City-St-Zip: MERRITT ISLAND, FL 32954

Title: D      ( ) Delete  
Name: HAWKINS, CAROLYN  
Address: 985 NEWFOUND HARBOR DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D      ( ) Delete  
Name: SHORT, TIMOTHY  
Address: 607 MAIN STREET  
City-St-Zip: WARRENTON, NC 27589

Title: D      ( ) Delete  
Name: COEN, RICHARD  
Address: 1302 CO RD 200 E  
City-St-Zip: NEOGA, IL 62447

**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 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: MICHELLE ARMAND

D

05/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date