2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004942

FILED Jun 04, 2008 Secretary of State

Entity Name: H.O.P.E. HUMAN RESOURCE DEVELOPMENT, INC.

Current Principal Place of Business:		New Principal Place of Business:	
2305 SHERIDAN STREET HOLLYWOOD, FL 33020			
Current Mailing Address:		New Maili	ng Address:
2305 SHERIDAN STREET HOLLYWOOD, FL 33020			
FEI Number: 65-1027577 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:			
CONEY, LATONYA 2301 SHERIDAN ST. HOLLYWOOD, FL 33020 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:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete JOHNSON, CONNAIL 2240 NW 171ST TERRACE CAROL CITY, FL 33156	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete JOHNSON, PATRICIA S 2301 SHERIDAN ST. HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete KING, FAYE 2301 SHERIDAN ST. HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete GRAHAM, TERESA 2301 SHERIDAN ST. HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	D (X) Change () Addition ROBINSON, BOBBY 2301 SHERIDAN ST. HOLLYWOOD, FL 33020
Title: Name: Address: City-St-Zip:	D () Delete WILSON, CECELIA 2301 SHERIDAN STREET HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete BASS, BETTIE 2301 SHERIDAN STREET HOLLYWOOD, FL 33020	Title: Name: Address: City-St-Zip:	()Change ()Addition
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.			

Electronic Signature of Signing Officer or Director

SIGNATURE: PATRICIA S. JOHNSON

Date

06/04/2008

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