## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000005073

FILED Jan 31, 2008 Secretary of State

Entity Name: HOPE - HORSES HELPING PEOPLE, INC. **Current Principal Place of Business: New Principal Place of Business:** 9722 SW 153 AVE ARCHER, FL 32618 **Current Mailing Address: New Mailing Address:** 9722 SW 153 AVE 3038 SW 91 TERRACE GAINESVILLE, FL 32608 ARCHER, FL 32618 FEI Number: 59-3671382 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, CATHI N 883 SW CUMORAH HILL STREET FORT WHITE, FL 32038 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BROWN, CATHI Name: Name: Address: 883 SW CUMORAH HILL ST Address: City-St-Zip: FT WHITE, FL 32038 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: WALNES, AMANDA Name: Address: 16426 SW 137TH AVENUE Address: City-St-Zip: ARCHER, FL 32618 City-St-Zip: Title: VD () Delete Title: () Change () Addition RAU, BETH-ANN Name: Name: 1038 DALLET ROAD Address: Address: City-St-Zip: PITTSBURGH, PA 15227 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: CATHIN BROWN TD 01/31/2008