

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005274

FILED  
Apr 25, 2007  
Secretary of State

**Entity Name:** PLACE OF HOPE INTERNATIONAL, INC.

**Current Principal Place of Business:**

5343 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

5343 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:** 65-1030972

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MULLINS, THOMAS D  
5343 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33418 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: ABDELLA, LEO F MR.  
Address: 5343 NORTHLAKE BLVD  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: STD ( ) Delete  
Name: MULLINS, TODD MR  
Address: 5343 NORTHLAKE BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VPD ( ) Delete  
Name: WOERNER, LARRY J MR  
Address: 777 S. FLAGLER DRIVE, SUITE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: CD ( ) Delete  
Name: MULLINS, THOMAS D MR  
Address: 5343 NORTHLAKE BLVD.  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

**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 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: LEO F. ABDELLA

P

04/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date