2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008434

COMMERFORD, PAUL

VERO BEACH, FL 32965

VERO BEACH, FL 32966

() Delete

PO BOX 650549

KOMARINETZ, SUE

3708 58TH CIRCLE

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Jul 02, 2007 Secretary of State

Entity Name: ALCOHOPE OF THE TREASURE COAST, INC.

Current Principal Place of Business: New Principal Place of Business: 3395 11TH CT VERO BEACH, FL 32960 **Current Mailing Address: New Mailing Address:** 3395 11TH CT VERO BEACH, FL 32960 FEI Number: 65-1156863 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: HANLON, WILLIAM R HANLON, WILLIAM R **5925 37TH STREET** 3395 11 TH CT VERO BEACH, FL 32966 VERO BEACH, FL 32960 US 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: 07/02/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: EXED (X) Change () Addition () Delete HANLON, WILLIAM R HANLON, WILLIAM R Name: Name: **5925 37TH STREET** Address: 3395 11 TH CT Address: City-St-Zip: VERO BEACH, FL 32966 City-St-Zip: VERO BEACH, FL 32960 Title: CD () Delete Title: () Change () Addition HAMNER, GEORGE SR Name: Name: Address: 650 HIGHWAY A1A Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: VCD () Delete Title: () Change () Addition HANLEY, JACK Name: Name: 600 ST. ANNE'S LANE Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: (X) Change () Addition Title: SD () Delete Title: SD Name: SIMON, ELEANOR Name: BANKS, JOHN Address: **321 21ST STREET 2D** Address: 1601 20 TH ST. City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32965 Title: () Delete Title: (X) 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

GOLDIE, ALAN

501 SHORES DRIVE

INDIAN RIVER SHORES, FL 32963

() Change () Addition

SIGNATURE: WILLIAM R HANLON CEO 07/02/2007