

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N01000000347

Entity Name: HOPE CHARTER SCHOOL, INC.

Current Principal Place of Business:

1530 EAST CROWNS POINT RD
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

1550 EAST CROWN POINT ROAD
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 59-3711889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOAKUM, CRYSTAL C
763 WEST PLANT ST
WINTER GARDEN, FL 34787 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: PD () Delete
Name: YOAKUM, CRYSTAL
Address: 763 WEST PLANT SCHOOL
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD () Delete
Name: ZARNOWSKI, MOLLY
Address: 50 GARDEN AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD () Delete
Name: FORBES, DOROTHY
Address: 210 E. SILVER STAR RD.
City-St-Zip: OCOEE, FL 34761

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: AMERMAN, MARK
Address: 1962 MAPLE LEAF DR
City-St-Zip: WINDERMERE, FL 34786

Title: D () Change (X) Addition
Name: BENNETT, LISA
Address: 128 N HIGHLAND AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Change (X) Addition
Name: WINN, ANGELA
Address: 2633 CRESCENT LAKE CT
City-St-Zip: WINDERMERE, FL 34786

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: CRYSTAL YOAKUM

PD

01/13/2009

Electronic Signature of Signing Officer or Director

Date