

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000842

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PROJECT H.O.P.E. INC.

## Current Principal Place of Business:

4875 43RD AVE.  
VERO BEACH, FL 32967

## New Principal Place of Business:

## Current Mailing Address:

4875 43RD AVE.  
VERO BEACH, FL 32967

## New Mailing Address:

FEI Number: 59-3739693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURSON, HENRY  
4875 43RD AVE  
VERO BEACH, FL 32967 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: COBD ( ) Delete  
Name: BURSON, HENRY JR.  
Address: 4545 38TH AVE  
City-St-Zip: VERO BEACH, FL 32967

Title: D ( ) Delete  
Name: SHAFER, JAMES DR  
Address: 1155 35TH LN  
City-St-Zip: VERO BEACH, FL

Title: T ( ) Delete  
Name: STEWART, CALMAN  
Address: 2410 7TH COURT S.W.  
City-St-Zip: VERO BEACH, FL 32962

Title: D (X) Delete  
Name: STETLER, LARRY  
Address: 6155 S MIRROR LAKE DRIVE  
City-St-Zip: SEBASTIAN, FL 32958

Title: VP (X) Delete  
Name: HART, DENNY  
Address: 4260 47TH PLACE  
City-St-Zip: VERO BEACH, FL 32967

Title: D (X) Delete  
Name: JO ANN, HOUP  
Address: 220 LIVE OAK WAY  
City-St-Zip: INDIAN RIVER SHORES, FL 32963

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HART, DENNY  
Address: 4260 47TH PLACE  
City-St-Zip: VERO BEACH, FL 32967

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: HENRY BURSON

COBD

04/29/2009

Electronic Signature of Signing Officer or Director

Date