

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000901

FILED
May 06, 2005
Secretary of State

Entity Name: HOPE LEARNING COMMUNITY OF RIVIERA BEACH, INC.

Current Principal Place of Business:

21 WEST 22ND STREET
RIVIERA BEACH, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 10614
RIVIERA BEACH, FL 334190614 US

New Mailing Address:

FEI Number: 65-1076887 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

JENKINS, ALLEAN
P.O. BOX 1080
PORT SALERNO, FL 34992 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: D () Delete
Name: JENKINS, ALLEAN
Address: P.O. BOX 1080
City-St-Zip: PORT SALERNO, FL 34992

Title: D () Delete
Name: BROWN, BRENDA
Address: 181 WEST 18 STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D (X) Delete
Name: BECTON, HYACINTHIA
Address: 500 W 24 ST
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: BARTEE, BRENDA
Address: 2620 WEST 28 STREET
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: FIELDS, AARON
Address: 1430 WEST 27 STREET
City-St-Zip: RIVIERA BEACH, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: JENKINS, ALLEAN
Address: P.O. BOX 1080
City-St-Zip: PORT SALERNO, FL 34992

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

Title: () Change () Addition
Name:
Address:
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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 for the exemption stated in Section 119.07(3)(i), 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: ALLEAN S. JENKINS

O

05/06/2005

Electronic Signature of Signing Officer or Director

Date