2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000901

FILED May 17, 2007 Secretary of State

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

New Principal Place of Business: Current Principal Place of Business: 21 WEST 22ND STREET RIVIERA BEACH, FL 33404 LIS **Current Mailing Address: New Mailing Address:** P O BOX 10614 RIVIERA BEACH, FL 334190614 US FEI Number: 65-1076887 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: JENKINS, ALLEAN JENKINS, ALLEAN S 4500 S.E. FIELD STREET P.O. BOX 1080 PORT SALERNO, FL 34992 US US PORT SALERNO, FL 34992 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: ALLEAN S. JENKINS 05/17/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JENKINS, ALLEAN Name: Name: P.O. BOX 1080 Address: Address: City-St-Zip: PORT SALERNO, FL 34992 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BROWN, BRENDA Name: DURDEN, CLIFFORD H Address: 181 WEST 18 STREET Address: 702 CHATELAINE BLVD City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: DELRAY BEACH, FL 33445 Title: () Delete Title: (X) Change () Addition BARTEE, BRENDA TROY, PERRY Name: Name: **2620 WEST 28 STREET** 3169 OSPREY LANE Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: ROYAL PALM BEACH, FL 33411 Title: () Delete Title: (X) Change () Addition Name: FIELDS, AARON Name: WILSON, DONALD Address: 1430 WEST 27 STREET Address: **1416 27TH STREET** City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: RIVIERA BEACH, FL 33404 Title: () Delete Title: () Change (X) Addition WILLIAMS, JOHN L Name: Name: 1090 27TH STREET Address: Address: RIVIERA BEACH, FL 33404 City-St-Zip: 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: CLIFFORD H. DURDEN O 05/17/2007