

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003979

FILED
Jul 15, 2007
Secretary of State

Entity Name: TOMORROW'S HOPE, INC.

Current Principal Place of Business:

5403 SW 115 ST RD
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

5403 SW 115 ST RD
OCALA, FL 34476

New Mailing Address:

FEI Number: 65-1113427 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:

GOMEZ-JOSEPH, ROSEMOND DR.
5403 SW 115 ST RD
OCALA, FL 34476 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: GOMEZ-JOSEPH, ROSEMOND DR.
Address: 5403 SW 115 ST RD
City-St-Zip: Ocala, FL 34476

Title: V/S () Delete
Name: GOMEZ-JOSEPH, CLAUDIA
Address: 5403 SW 115 ST RD
City-St-Zip: Ocala, FL 34476

Title: D () Delete
Name: ETIENNE, ERNESTO
Address: 5403 SW 115 ST RD
City-St-Zip: Ocala, FL 34476

Title: D () Delete
Name: LARIEUX, DONALD
Address: 5403 SW 115 ST RD
City-St-Zip: Ocala, FL 34476

Title: D () Delete
Name: MINCEY, JUANITA
Address: 5403 SW 115 ST RD
City-St-Zip: Ocala, FL 34476

Title: D () Delete
Name: THERMIDORE, ERIC
Address: 5403 SW 115 ST RD
City-St-Zip: Ocala, FL 34476

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: () 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: DR. ROSEMOND GOMEZ-JOSEPH

CEO

07/15/2007

Electronic Signature of Signing Officer or Director

_____ Date