

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005184

FILED
Feb 13, 2008
Secretary of State

Entity Name: CENTER OF HOPE, INC.

Current Principal Place of Business:

15590 59TH STREET N
CLEARWATER, FL 33760

New Principal Place of Business:

15590 59TH STREET N
CLEARWATER, FL 33760

Current Mailing Address:**New Mailing Address:**

FEI Number: 26-2797046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRY, DALE G
15590 59TH STREET N
CLEARWATER, FL 33760 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: DP () Delete
Name: HENDRY, DALE PASTOR
Address: 15590 59TH ST
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: HENDRY, VICKI
Address: 155590 59TH ST
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: TISTANI, DAVID A PASTOR
Address: 404 MARJON AV.
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: TALLEY, VENNIE PASTOR
Address: 5830 CRESTMONT AVE.
City-St-Zip: CLEARWATER, FL 33760

Title: D () Delete
Name: PITCHON, SOL
Address: 467 BRIDLE PATH WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: ALAN, STAMPER
Address: 2158 SUMMIT WAY
City-St-Zip: PALM HARBOR, FL 34684

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: D (X) Change () Addition
Name: KENNETH, BOAZ
Address: 1722 OAKDALE LN.
City-St-Zip: CLEARWATER, FL 33764

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: DALE HENDRY

DP

02/13/2008

Electronic Signature of Signing Officer or Director

Date