2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90167 009 ****61.25

DOCUMENT # N01000006772

1. Entity Name
THE HOPE FOUNDATION, INC.

Principal Place of Business	Mailing Address
313 E CO HWY 147 PAXTON, FL 32538	PO BOX 451 PAXTON, FL 32538

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01302008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3739364
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FULLER, RANDALL K 21452 US HWY 331 N LAUREL HILL, FL 32567	Name: Randall K. Fuller Sr. Street Address (P.O. Box Number is Not Acceptable): 313 E. Co. Hwy 147 City: Paxton FL Zip Code: 32538

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Randall K. Fuller - President 4-7-08
Signature, typed or printed name of registered agent and title if applicable — DATE: Required when changing registered agent

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLER, RANDALL K 21452 US HWY 331 N LAUREL HILL, FL 32567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Randall K. Fuller Sr. 313 E. Co. Hwy 147 Paxton, FL 32538	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLER, TERRY 21452 US HWY 331 N LAUREL HILL, FL 32567	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Terry H. Fuller 313 E. Co. Hwy 147 Paxton, FL 32538	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLER, WILLIAM R 1694 PINE RIDGE DR ATLANTA, GA 30324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randall K. Fuller - President 4-7-08 850-834-4673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #