FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90175 036 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008943

1. Entity Name
A PLACE OF HOPE INC.

Principal Place of Business	Mailing Address
322 E CENTRAL BLVD SUITE 1401 ORLANDO, FL 32801	322 E CENTRAL BLVD SUITE 1401 ORLANDO, FL 32801

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1510 E. COLONIAL DR.	P.O. BOX 2327
Suite, Apt. #, etc.: 307	Suite, Apt. #, etc.:
City & State: ORLANDO, FL	City & State: ORLANDO FL
Zip: 32803 Country: USA	Zip: 32802 Country: USA

4. FEI Number: 59-3733321 ☐ 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
NORMAN, FRANCINA 322 E CENTRAL BLVD SUITE 1401 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25 | 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 NORMAN, MICHAEL 322 E CENTRAL BLVD, STE 1401 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL NORMAN 1510 E Colonial DR #307 ORLANDO FL 32803	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORMAN, FRANCINA 322 E CENTRAL BLVD, STE 1401 ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANCINA NORMAN 1510 E. COLONIAL DR #307 ORLANDO, FL 32803	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORMAN, LATAU M 6066 CAYMUS LOOP WINDERMERE, FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LATAU MARTIN-NORMAN 1510 E COLONIAL DR. #307 ORLANDO FL 32803	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, LATAU 322 E CENTRAL BLVD, STE 1401 ORLANDO, FL 32801	☐ 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

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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: MICHAEL NORMAN 4.30.03 (407) 228.8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #