2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N02000003125

Entity Name: THE H.O.P.E. PROJECT FOUNDATION, INC.

Current Principal Place of Business:

621 CLEARWATER PARK RD.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

621 CLEARWATER PARK RD.
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 02-0605222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOHATYRITZ, MARYANNE
621 CLEARWATER PARK RD.
WEST PALM BEACH, FL 33401 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: P ( ) Delete
Name: HENDERSON, TIM
Address: 7722 DAWSON
City-St-Zip: LAKE WORTH, FL 33467

Title: STD ( ) Delete
Name: AKDENIZ, ROBIN
Address: 133 MIRAMAR
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D ( ) Delete
Name: BOHATYRITZ, MARYANNE
Address: 621 CLEARWATER PARK ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ARONSON, ROBERT
Address: 500 AUSTRALIAN AVE SOUTH
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D (X) Change ( ) Addition
Name: AKDENIZ, ROBIN
Address: 133 MIRAMAR
City-St-Zip: WEST PALM BEACH, FL 33405

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: PELTZIE, KENNETH
Address: 2260 RABBITT HOLLOWE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Change (X) Addition
Name: BROWN, MORRIS
Address: 777 SOUTH FLAGLER DR. SUITE 300 EAST
City-St-Zip: WEST PALM BEACH, FL 33401

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: MARYANNE BOHATYRITZ D 02/04/2009

Electronic Signature of Signing Officer or Director — Date