

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005144

FILED
Apr 15, 2009
Secretary of State

Entity Name: DASIE BRIDGEWATER HOPE CENTER, INC.

Current Principal Place of Business:

8445 - 64TH AVENUE
WABASSO, FL 32970

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 701483
WABASSO, FL 32970

New Mailing Address:

FEI Number: 02-0633089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, VERNA M
4620-43RD CT
VERO BEACH, FL, FL 32967 US US

Name and Address of New Registered Agent:

WRIGHT, VERNA M
4620-43RD CT
VERO BEACH, FL 32967 US 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:

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROXTON, BARRY
Address: P.O. BOX 184
City-St-Zip: WABASSO, FL 32970

Title: V () Delete
Name: SCHWERIN, WARREN
Address: P O BOX 701483
City-St-Zip: WABASSO, FL 32970

Title: S () Delete
Name: MAHAN, DIANE
Address: P O BOX 701483
City-St-Zip: WABASSO, FL 32970

Title: T () Delete
Name: HENDLEY, CASSANDRA
Address: 429 9TH AVENUE
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: WRIGHT, VERNA
Address: 4620 43 COURT
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHWERIN, WARREN
Address: P.O. BOX 184
City-St-Zip: WABASSO, FL 32970

Title: V (X) Change () Addition
Name: LOAR, DARYL
Address: P O BOX 701483
City-St-Zip: WABASSO, FL 32970

Title: S (X) Change () Addition
Name: PINDER, CAROL
Address: P O BOX 701483
City-St-Zip: WABASSO, FL 32970

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: VERNA WRIGHT

D

04/15/2009

Electronic Signature of Signing Officer or Director

Date