

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006608

FILED
Jan 14, 2009
Secretary of State

Entity Name: GABLES HOPE, INC.

Current Principal Place of Business:

950 UNIVERSITY DRIVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

950 UNIVERSITY DRIVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, WADE C ESQ
234 NORTH KROME AVENUE
HOMESTEAD, FL 33030 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: TD () Delete
Name: HAYWOOD, DALE
Address: 12201 SW 148 ST. #601
City-St-Zip: MIAMI, FL 33186

Title: PD () Delete
Name: TEJEDA, JUAN
Address: 13294 SW 112 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: HICKSON, ROBERT
Address: 9890 SW 73 STREET
City-St-Zip: MIAMI, FL 33173

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:

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 HAYWOOD

TD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date