

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000603

FILED
May 03, 2010
Secretary of State

Entity Name: HABITAT HOPE RESTORATION AND EDUCATION CENTER, INC.

Current Principal Place of Business:

407 SOUTH DIXIE HIWAY
100
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

14576 KEY LIME BLVD
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 37-1457443 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEMD MORTGAGE AND FINANCIAL SERVICES, INC.
14576 KEY LIME BLVD.
LOXAHATCHEE, FL 33470 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LEMD MORTGAGE AND FINANCIAL SERVICES, INC.
Address: 14576 KEYLIME BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D
Name: JEAN, SANON DIRECTO
Address: 407 SOUTH DIXIE HWY SUITE 100
City-St-Zip: LAKE WORTH, FL 33460

Title: SD
Name: DORVILUS, ESAU
Address: 725 45TH ST.
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD
Name: DAVILMAR, JEAN
Address: 4595 CHERRY RD.
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD
Name: KERSSAINT, COLETTE
Address: 4595 CHERRY RD.
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby 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 all other like empowered.

SIGNATURE: LEMEL DORVILUS

D

05/03/2010

Electronic Signature of Signing Officer or Director

Date