2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N03000001884

Entity Name: THE GARDEN OF HOPE OF FORT PIERCE, INC.

Current Principal Place of Business:

4201 SAN DIEGO AVE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

PO BOX 13235
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: 03-0496966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MC-NEAL-WALKER, BELINDA
4201 SAN DIEGO AVE
FORT PIERCE, FL 34950 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:	D	( ) Delete
Name:	MCNEAL-WALKER, BELINDA	
Address:	3508 ROSELAWN BLVD	
City-St-Zip:	FT PIERCE, FL 34986	
Title:	D	( ) Delete
Name:	MONTGOMERY, SVETLANA	
Address:	6448 NW FIR CT	
City-St-Zip:	PORT ST LUCIE, FL 34986	
Title:	D	( ) Delete
Name:	WALKER, ERIC A	
Address:	3508 ROSELAWN BLVD	
City-St-Zip:	FORT PIERCE, FL 34982	
Title:	D	( ) Delete
Name:	GODWIN, MOINCA	
Address:	6503 PASO ROBLES RD	
City-St-Zip:	FT PIERCE, FL 34951	
Title:	D	( ) Delete
Name:	BELL, LENA M	
Address:	4440 35TH AVE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	D	( ) Delete
Name:	MACK, DENESIA	
Address:	2805 JUANITA AVE	
City-St-Zip:	FORT PIERCE, FL 34946	

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:	
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: BELINDA L. MCNEAL-WALKER P 04/29/2007

Electronic Signature of Signing Officer or Director — Date