

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001884

FILED
Aug 25, 2008
Secretary of State

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 (X)**
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:

MC-NEAL-WALKER, BELINDA
4201 SAN DIEGO AVE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

MC-NEAL-WALKER, BELINDA
3508 ROSELAWN BLVD
FORT PIERCE, FL 34982 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: _____

08/25/2008

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: D (X) Change () Addition
Name: WALKER, ERIC A
Address: 2505 AVE. K
City-St-Zip: FORT PIERCE, FL 34950

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

D

08/25/2008

Electronic Signature of Signing Officer or Director

Date