

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002084

FILED
May 01, 2009
Secretary of State

Entity Name: FAMILY CENTER FOR HOPE, INC.

Current Principal Place of Business:

11551 NW 43RD CT
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 772324
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 59-0116747 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:

DOMINIQUE, AGLANTA
11551 NW 43RD CT
COAL SPRINGS, FL 33065 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: FPBD () Delete
Name: DOMINIQUE, AGLANTA
Address: P.O. BOX 772324
City-St-Zip: CORAL SPRINGS, FL 33065

Title: FSTD () Delete
Name: DEZULME, LAURINCIA
Address: P.O. BOX 772324
City-St-Zip: CORAL SPRINGS, FL 33065

Title: BD () Delete
Name: MOCOMBE, JEVHKY
Address: 1200 NW 2ND AVE APT B
City-St-Zip: FT.LAUDERDALE, FL 33311

Title: VPTD () Delete
Name: GURWICH, ARLENE
Address: 12455 NW 17TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: BD () Delete
Name: RYMER, APRIL
Address: P.O. BOX 772324
City-St-Zip: CORAL SPRINGS, FL 33065

Title: BD () Delete
Name: DAMAS, NESLEY
Address: 4390 NW 36TH ST D216
City-St-Zip: LAUDERDALE LAKES, FL 33319

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
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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: AGLANTA DOMINIQUE

F

05/01/2009

Electronic Signature of Signing Officer or Director

Date