

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002580

FILED
Mar 15, 2004
Secretary of State

Entity Name: EDUCATION FOR HOPE FOUNDATION, INC.

Current Principal Place of Business:

3099 ORANGE CENTER BLVD.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

3099 ORANGE CENTER BLVD.
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 57-1176159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIGGINS, ALLEN T.D.
3099 ORANGE CENTER BLVD.
ORLANDO, FL 32805

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: WIGGINS, ALLEN T.D.
Address: 3099 ORANGE CENTER BLVD.
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: RAWLS, CHARLES
Address: 3099 ORANGE CENTER BLVD.
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: SCOTT, BETINA
Address: 3099 ORANGE CENTER BLVD.
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: WHITE, LINDA DR.
Address: 3099 ORANGE CENTER BLVD.
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: WILLIAMS, BLANQUITA
Address: 3099 ORANGE CENTER BLVD.
City-St-Zip: ORLANDO, FL 32805

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLEN WIGGINS

PD

03/15/2004

Electronic Signature of Signing Officer or Director

Date