# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# N03000002580

**Entity Name:** EDUCATION FOR HOPE FOUNDATION, INC.

**Current Principal Place of Business:**

3032 MONTE CARLO TRAIL
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

3018 MONTE CARLO TRAIL
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.
3018 MONTE CARLO TRAIL
ORLANDO, FL 32805 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: WIGGINS, ALLEN T.D.
Address: 3032 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: MORTON, MYLIKA
Address: 3032 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: SCOTT, BETINA
Address: 3032 MONTE CARLO TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: WILLIAMS, BLANQUITA
Address: 3032 MONTE CARLO TRAIL
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:

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: MICHELLE GREENWOOD ADM 04/28/2009

Electronic Signature of Signing Officer or Director — Date