

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004565

FILED
Mar 26, 2008
Secretary of State

Entity Name: HAVEN OF HOPE, INC.

Current Principal Place of Business:

3930 KENAS ST
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

3930 KENAS ST
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 16-1679167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOKE, CLAUDETTE
3930 KENAS ST
LAKE PARK, FL 33403 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: COOKE, CLAUDETTE
Address: 3930 KENAS ST
City-St-Zip: LAKE PARK, FL 33403

Title: ADV () Delete
Name: SOWLES, ELIZABETH
Address: 663 HOLLY DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ADV () Delete
Name: MOMMONE, TINA
Address: 1208 WORTHINGTON ST.
City-St-Zip: WEST PALM BEACH, FL 33401

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:

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: CLAUDETTE COOKE

D

03/26/2008

Electronic Signature of Signing Officer or Director

_____ Date