2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N03000004941

Entity Name: OPERATION PAR HOPE FOR A BRIGHTER FUTURE FOUNDATION, INC.

Current Principal Place of Business:

6655 66TH ST. NORTH
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

6655 66TH ST. NORTH
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 20-2584999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CATTERTON, DAYLE
6655 66TH ST. NORTH
PINELLAS PARK, FL 33781 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: PD ( ) Delete
Name: COLETTI, SHIRLEY D
Address: 6655 66TH ST. NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: VD ( ) Delete
Name: BULLARD, KAROL
Address: 2733 BULLARD DR.
City-St-Zip: CLEARWATER, FL 33762

Title: SD ( ) Delete
Name: SMITH, JAN F
Address: 6372 PALM DEL MAR BLVD., #508
City-St-Zip: ST. PETERSBURG, FL 33715

Title: TD ( ) Delete
Name: BATTAGLIA, ANTHONY
Address: P.O. BOX 41100
City-St-Zip: ST. PETERSBURG, FL 33743

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAMILTON, NANCY
Address: 6655 66TH ST. NORTH
City-St-Zip: PINELLAS PARK, FL 33781

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: D ( ) Change (X) Addition
Name: CLARKE, DIANNE
Address: 6655 66TH ST. NORTH
City-St-Zip: PINELLAS PARK, FL 33781

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: NANCY HAMILTON DC 04/10/2008

Electronic Signature of Signing Officer or Director — Date