

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005590

FILED
May 02, 2006
Secretary of State

Entity Name: HOUSE OF HOPE INTERNATIONAL INC.

Current Principal Place of Business:

1409 W. LINE ST
LEESBURG, FL 34749

New Principal Place of Business:

Current Mailing Address:

PO BOX 490511
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 37-1435995 **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:

MOBLEY, LINDA B
1409 W. LINE ST
LEESBURG, FL 34749 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: P () Delete
Name: BENTON, KELVIN
Address: 34705 CATTAIL DRIVE
City-St-Zip: EUSTIS, FL 32726

Title: V () Delete
Name: DEMOTT, BETTY
Address: 2506 WINONA AVE
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: WILLIAMS, DANNIE L
Address: 2005 JOHNS AVE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: SPRINGER, PHYLLIS
Address: 1409 W. LINE ST
City-St-Zip: LEESBURG, FL 34749

Title: D () Delete
Name: SHORT, KATHY
Address: 1409 W. LINE ST
City-St-Zip: LEESBURG, FL 34749

Title: D () Delete
Name: NEWMAN, ALLEN DR
Address: 1409 W. LINE ST
City-St-Zip: LEESBURG, FL 34749

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:

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 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: LINDA MOBLEY

ED

05/02/2006

Electronic Signature of Signing Officer or Director

Date