2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2007
Secretary of State

DOCUMENT# N03000005632

Entity Name: HOPE FOR FAMILIES: ADOPTION AND COUNSELING SERVICES, INC.

Current Principal Place of Business:

207 1/2 ORANGE AVE, SUITE A AND B
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

207 1/2 ORANGE AVE, SUITE A AND B
FT PIERCE, FL 34950

New Mailing Address:

FEI Number: 16-1675497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, KENNETH N DR
207 1/2 ORANGE AVE, SUITE A AND B
FT PIERCE, FL 34950 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: PRES ( ) Delete
Name: BROWN, KENNETH N DR
Address: 25 1ST CRT. SW
City-St-Zip: VERO BEACH, FL 32962

Title: TREA ( ) Delete
Name: BROWN, LYNN M MRS.
Address: 25 1ST CRT. SW
City-St-Zip: VERO BEACH, FL 32962

Title: SECR ( ) Delete
Name: FRARY, ROBERT REV.
Address: PO BOX 69141
City-St-Zip: VERO BEACH, FL 32969

Title: V.P. ( ) Delete
Name: KENDALL, PAUL REV.
Address: 210 E. WEATHERBEE RD.
City-St-Zip: FORT PIERCE, FL 34987

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

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: VP ( ) Change (X) Addition
Name: RAPP, ISABELLE
Address: 207 1/2 ORANGE AVE. SUITE A
City-St-Zip: FORT PIERCE, FL 34950

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: DR. KENNETH N. BROWN LMFT PRES 04/08/2007

Electronic Signature of Signing Officer or Director — Date