2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N03000005632

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

Current Principal Place of Business:

130 SOUTH INDIAN RIVER DR, STE 301
FT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

130 SOUTH INDIAN RIVER DR, STE 301
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:

BROWN, KENNETH N DR
130 SOUTH INDIAN RIVER DR, STE 301
FT PIERCE, FL 34950 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: _____ 04/14/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	BROWN, KENNETH N DR	
Address:	130 SOUTH INDIAN RIVER DR, STE 301	
City-St-Zip:	FT PIERCE, FL 34950	
Title:	TREA	( ) Delete
Name:	BROWN, LYNN M MRS.	
Address:	130 SOUTH INDIAN RIVER DR, STE 301	
City-St-Zip:	FT PIERCE, FL 34950	
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:	1615 ATHENS ST.	
City-St-Zip:	LAKELAND, FL 33803	

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: DR. KENNETH N. BROWN LMFT PRES 04/14/2009
Electronic Signature of Signing Officer or Director — Date