

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006522

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: FRIEND TO FRIEND: TOGETHER FOR HOPE, INC.

**Current Principal Place of Business:**

4975 S.W. 111 TERR.  
FT LAUDERDALE, FL 33328

**New Principal Place of Business:**

4975 S.W. 111 TERR.  
DAVIE, FL 33328

**Current Mailing Address:**

4975 S.W. 111 TERR.  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 11-3702785      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FESTA, JOANN  
4975 S.W. 111 TERR.  
FT LAUDERDALE, FL 33328      US

**Name and Address of New Registered Agent:**

FESTA, JOANN  
4975 S.W. 111 TERR.  
DAVIE, FL 33328      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: \_\_\_\_\_

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FESTA, JOANN  
Address: 4975 S.W. 111 TERR  
City-St-Zip: DAVIE, FL 33328

Title: VP ( ) Delete  
Name: AVERY-LARKIN, PATTY  
Address: 1228 HILLSBORO MILE #106  
City-St-Zip: HILLSBORO BCH, FL 33062

Title: V.P. ( ) Delete  
Name: WURTS, BEVERLY V.P  
Address: 1309 AVOCADO ISLE  
City-St-Zip: FT LAUDERDALE, FL 33315

Title: S ( ) Delete  
Name: RUPPERT, KERRY SEC  
Address: 1607 S.E. 12 CT.  
City-St-Zip: FT LAUDERDALE, FL 33442

**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: JOANN FESTA

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date