

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