

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007673

FILED
Apr 28, 2008
Secretary of State

Entity Name: HOPE FOR THE HURTING INC.

Current Principal Place of Business:

9951 ATLANTIC BLVD
SUITE 222
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

9951 ATLANTIC BLVD
SUITE 222
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 56-2394588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLUNKETT, LINDA S PH.D.
3124 HOLLOW TREE CT
JACKSONVILLE, FL 32216 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: PD () Delete
Name: PLUNKETT, LINDA S DR.
Address: 3124 HOLLOW TREE CT
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD () Delete
Name: GRAHAM, DRUCILLA
Address: 6961 SOLOMON RD
City-St-Zip: JACKSONVILLE, FL 32234

Title: SD () Delete
Name: PLUNKETT, WILLIAM
Address: 3124 HOLLOW TREE CT
City-St-Zip: JACKSONVILLE, FL 32216

Title: MD () Delete
Name: BORLAND, SANDRA DR.
Address: 1008 SAND HILL CHURCH
City-St-Zip: DOUGLAS, GA 31533

Title: TD () Delete
Name: SCHIAZZA, JOSEPHINE
Address: 1204 SALT MARSH LANE
City-St-Zip: ORANGE PARK, FL 32003

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:

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. LINDA S. PLUNKETT

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date