

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000319

FILED
Apr 30, 2007
Secretary of State

Entity Name: SEASON OF HOPE, INC.

Current Principal Place of Business:

8172 AMBACH WAY
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

8172 AMBACH WAY
LANTANA, FL 33462

New Mailing Address:

FEI Number: 58-2682674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKI, TOIVO J
8172 AMBACH WAY
LANTANA, FL 33462 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: MAKI, TOIVO J
Address: 8172 AMBACH WAY
City-St-Zip: LANTANA, FL 33462

Title: VD () Delete
Name: VAN DALEN, DIRK J THD DRE
Address: 12 MOHAWK DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TD () Delete
Name: KOSKINEN, PIRJO-LEENA
Address: 224 WELLESLEY DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: S () Delete
Name: MAKI, MARJA-LEENA
Address: 8172 AMBACH WAY
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: MAASS, MICHAEL PASTOR
Address: 76 IRONWOOD WAY NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MAKI, MARJA L
Address: 8172 AMBACH WAY
City-St-Zip: HYPOLUXO, FL 33462

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: TOIVO MAKI

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date