

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 29, 2009  
Secretary of State

DOCUMENT# N04000000319

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: MAASS, MICHAEL G  
Address: 76 IRONWOOD WAY NORTH  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: MAASS, MICHAEL G  
Address: 288 FLAMINGO DR  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TD (X) Change ( ) Addition  
Name: ONTERMAA, ESA  
Address: 2640 GREENACRE DR  
City-St-Zip: SEBRING, FL 33872

Title: VTD (X) Change ( ) Addition  
Name: KOSKINEN, PIRJO-LEENA  
Address: 224 WELLESLEY DRIVE  
City-St-Zip: LAKE WORTH, FL 33460

Title: S ( ) Change (X) 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 J MAKI

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date