## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000634

FILED Feb 09, 2010 Secretary of State

Entity Name: HOPE EDUCATIONAL FOUNDATION INTERNATIONAL, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3111 S.W. 10TH STREET 600 S.W. 3RD. STREET POMPANO BEACH, FL 330699902

**SUITE 5300** 

POMPANO BEACH, FL 330606932

**Current Mailing Address: New Mailing Address:** 

600 S.W. 3RD. STREET 3111 S.W. 10TH STREET

**SUITE 5300** POMPANO BEACH, FL 330699902

POMPANO BEACH, FL 330606932

FEI Number: 80-0093039 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

HOSKINS, GEORGE A.M. HOSKINS, GEORGE A.M. 3111 S.W. 10TH STREET 600 S.W. 3RD. STREET

POMPANO BEACH, FL 330699902 US SUITE 5300

POMPANO BEACH, FL 330606932 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: GEORGE A.M. HOSKINS 02/09/2010

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

PINTO, A.F. DR. Name: 600 S.W. 3RD. STREET Address:

City-St-Zip: POMPANO BEACH, FL 330606932

Title: MR

Name: YEE, BRUCE

Address: 600 S.W. 3RD. STREET, 6TH FLOOR City-St-Zip: POMPANO BEACH, FL 330606932

Title: DR

BERKEY, DALE DR. Name:

130 SPRINGSIDE DRIVE, SUITE 200 Address:

City-St-Zip: **AKRON. OH 44333** 

Title: CHR

Name: HODGSON, JOHN DR. Address: 40 STONEY BROOK ROAD City-St-Zip: SHAVERTOWN, PA 18708

Title: DR

HULL, JOHN Name:

12000 FINDLEY ROAD, SUITE 150 Address:

DULUTH, GA 30097 City-St-Zip:

Title:

ZENDER, MIKE Name:

Address: 9969 CUNNINGHAM ROAD CAMP DENNISON, OH 45111 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: GEORGE A.M HOSKINS MR 02/09/2010