

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001092

FILED
Apr 30, 2005
Secretary of State

Entity Name: FOUNTAIN OF HOPE COUNSELING CENTER, INC.

Current Principal Place of Business:

3121 WOOD HILL DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 180337
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number: 20-0878660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UDOFIAH, BETTY S
3121 WOOD HILL DRIVE
TALLAHASSEE, FL 32303 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: P () Delete
Name: UDOFIAH, BETTY
Address: 3121 WOOD HILL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: ONKPISE, OGHENEKOME DR.
Address: 2810 KENNESAW PLACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: BOSTIC, GLENN PASTOR
Address: 2824 BOTANY PLACE
City-St-Zip: TALLAHASSEE, FL 32301

Title: S () Delete
Name: UDOFIAH, EDIDIONG
Address: 1014 INDIAN TRACE APT 308
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: MARSHALL, BETH
Address: 2509 BEDFORD WAY
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: SWAYERR, ENG. OLU
Address: 4662 RUSSELL'S POND LANE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ONKPISE, OGHENEKOME DR.
Address: 2810 KENNESAW PLACE
City-St-Zip: TALLAHASSEE, FL 32303

Title: V (X) Change () Addition
Name: WHITAKER, ANGELA DR.
Address: 2404 HARTSFIELD RD.
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: S (X) Change () Addition
Name: ARDIS, MARY
Address: 2750 OLD ST. AUGUSTINE ST. G 67
City-St-Zip: TALLAHASSEE, FL 32301

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 for the exemption stated in Section 119.07(3)(i), 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: BETTY UDOFIAH

CEO

04/30/2005

Electronic Signature of Signing Officer or Director

Date