

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001092

FILED  
Jun 12, 2008  
Secretary of State

**Entity Name:** FOUNTAIN OF HOPE COUNSELING CENTER, INC.

**Current Principal Place of Business:**

2295 PASCO STEET  
TALLAHASSEE, FL 32310 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 180337  
TALLAHASSEE, FL 32318 US

**New Mailing Address:**

**FEI Number:** 20-0878660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

UDOFIAH, BETTY S MRS  
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: CHAI ( ) Delete  
Name: ONOKPISE, OGHENEKOME DR.  
Address: 2810 KENNESAW PLACE  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: SEC. ( ) Delete  
Name: CURRY, TYWANNA D MRS  
Address: 4424 WESTOVER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303 US

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

Title: D ( ) Delete  
Name: MARRIA, OKEKE U DR.  
Address: 3226 DUNGARVAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309 US

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

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

**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:

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: BETTY UDOFIAH

DIR.

06/12/2008

Electronic Signature of Signing Officer or Director

Date