

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001092

FILED
May 26, 2009
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:

2295 PASCO STREET
TALLAHASSEE, FL 32314 US

Current Mailing Address:

PO BOX 180337
TALLAHASSEE, FL 32318 US

New Mailing Address:

P O BOX 180337
TALLAHASSEE, FL 32318 US

FEI Number: 20-0878660 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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. (X) Delete
Name: CURRY, TYWANNA D MRS
Address: 4424 WESTOVER DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

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

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

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

Title: D (X) 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: D (X) Change () Addition
Name: UDOFIAH, BETTY S
Address: 3121 WOOD HILL DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: () Change () Addition
Name:
Address:
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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

D

05/26/2009

Electronic Signature of Signing Officer or Director

Date