

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001411

FILED
May 01, 2006
Secretary of State

Entity Name: THE EMMA HOPE FOUNDATION, INC.

Current Principal Place of Business:

7701 NW 12TH ST.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

7701 NW 12TH ST.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 13-4273916 **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:

Name and Address of New Registered Agent:

RACKAL, JENNYFER
7701 NW 12TH ST.
PEMBROKE PINES, FL 33024 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RACKAL, JENNYFER
Address: 7701 NW 12TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD () Delete
Name: RACKAL, OMEED
Address: 7701 NW 12TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: STD () Delete
Name: JOHNS, SILVIA
Address: 323 IVES DAIRY RD., #10
City-St-Zip: N. MIAMI BCH, FL 33179

Title: D () Delete
Name: NEWMAN-RUSH, DONNA
Address: 1000 N. HIATUS RD., #160
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: KOLTUN, SAMUEL
Address: 16423 STONEHAVEN RD.
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: FRANCIS, FAY
Address: 5401 BAYBERY LANE
City-St-Zip: TAMARAC, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: JOHNS, SILVIA
Address: 6349 LANDING TERRACE
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change () Addition
Name: NEWMAN-RUSH, DONNA
Address: 1000 N. HIATUS RD., #160
City-St-Zip: PEMBROKE PINES, FL 33026

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 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: JENNYFER RACKAL

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date