

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003198

FILED
Apr 30, 2008
Secretary of State

Entity Name: ESSIE'S HOUSE OF HOPE, INC.

Current Principal Place of Business:

1035 N.W. 1ST STREET #3
SOUTH BAY, FL 33493

New Principal Place of Business:

205 N W 10TH AVE
SOUTH BAY, FL 33493

Current Mailing Address:

1035 N.W. 1ST STREET #3
SOUTH BAY, FL 33493

New Mailing Address:

205 N W 10TH AVE
SOUTH BAY, FL 33493

FEI Number: 27-0123359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCPHEE, ESSIE
1035 N.W. 1ST STREET #3
SOUTH BAY, FL 33493 US

Name and Address of New Registered Agent:

MCPHEE, ESSIE
205 N W 10TH AVE
SOUTH BAY, FL 33493 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: _____

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCPHEE, ESSIE
Address: 1035 N.W. 1ST STREET #3
City-St-Zip: SOUTH BAY, FL 33493

Title: TD () Delete
Name: HINES, SHIRLEY
Address: 854 SE PROCTOR LANE
City-St-Zip: PT. ST. LUCIE, FL 34983

Title: SD () Delete
Name: THOMAS, MELVA
Address: 255 SW 2ND STREET
City-St-Zip: SOUTH BAY, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCPHEE, ESSIE
Address: 205 N W 10TH AVE
City-St-Zip: SOUTH BAY, FL 33493

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: ESSIE MCPHEE

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date