

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 27, 2009**  
**Secretary of State**

DOCUMENT# N04000003198

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

**Current Principal Place of Business:**

205 N W 10TH AVE  
SOUTH BAY, FL 33493

**New Principal Place of Business:**

**Current Mailing Address:**

205 N W 10TH AVE  
SOUTH BAY, FL 33493

**New Mailing Address:**

FEI Number: 27-0123359      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:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

05/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date