

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003198

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**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 ( )**

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

MCPHEE, ESSIE  
205 N W 10TH AVE  
SOUTH BAY, FL 33493 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: PD  
Name: MCPHEE, ESSIE  
Address: 205 N W 10TH AVE  
City-St-Zip: SOUTH BAY, FL 33493

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

Title: SD  
Name: JOHNSON, MARY  
Address: 608 S W 12TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

I hereby 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 all other like empowered.

SIGNATURE: ESSIE MCPHEE

PD

04/13/2012

Electronic Signature of Signing Officer or Director

Date