

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003396

FILED
Mar 31, 2009
Secretary of State

Entity Name: HOPE YOUTH RANCH, INC.

Current Principal Place of Business:

17933 EAST ROAD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

17933 EAST ROAD
HUDSON, FL 34667

New Mailing Address:

FEI Number: 20-1019180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, JOSE J
9425 OSCEOLA DR
NEW PORT RICHEY, FL 34654 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: D () Delete
Name: SOUKUP, HOPE
Address: 210 S. PINELLAS AVE., SUITE 158
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD () Delete
Name: BOAZ, KEN
Address: 1722 OAKDALE LN E
City-St-Zip: CLEARWATER, FL 33764

Title: SD () Delete
Name: CAHILL, DONNA
Address: 9732 PAT STREET
City-St-Zip: HUDSON, FL 34669

Title: VD () Delete
Name: COX, DENNIS
Address: 9224 LAKEVIEW DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PD () Delete
Name: ARROYO, FERNANDO
Address: 5159 JASMINE WAY
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: CHAUNCEY, MICHELLE
Address: 2430 WELBILT BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JOSE J SUAREZ

RA

03/31/2009

Electronic Signature of Signing Officer or Director

Date