## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000004210

City-St-Zip:

FORT PIERCE, FL 349504319

FILED Jan 08, 2009 Secretary of State

Entity Name: FLASHLIGHT OF HOPE, INC. **Current Principal Place of Business: New Principal Place of Business:** 6348 NW 14TH CT MIAMI, FL 331477904 **Current Mailing Address: New Mailing Address:** 6348 NW 14TH CT MIAMI, FL 331477904 FEI Number: 56-2456745 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIBSON, GEORGE 6348 NW 14TH CT MIAMI, FL 331477904 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: () Change () Addition () Delete HARRELL, THEODORE JR Name: Name: Address: 6161 NW 9TH AVENUE Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: ( ) Delete Title: () Change () Addition GIBSON, MAUDE Name: Name: Address: 1340 NW 197TH ST Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: () Delete Title: () Change () Addition HARDY, MARILYN Name: Name: 117 ATLANTIC AVE Address: Address:

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.

City-St-Zip:

SIGNATURE: MAUDE J. GIBSON D 01/08/2009