

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005310

FILED
May 03, 2006
Secretary of State

Entity Name: HOUSE OF HOPE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

3396 FOXCROFT RD
#215
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260778
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 54-2153146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

MARCELLUS, SUZANNE P
3396 FOXCROFT RD
#215
MIRAMAR, FL 33025 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:

Title: V, T () Delete
Name: GOMEZ, JESSICA
Address: 7830 NW 161ST TERRACE
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: D () Delete
Name: CHIN, CHRISTOPHER
Address: 12727 NW 27TH AVE. APT. M1316
City-St-Zip: MIAMI, FL 33167 US

Title: S,D (X) Delete
Name: SANTIAGO, ANGELA
Address: 530 N. 66TH TERRACE
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: D () Delete
Name: BOWEN, TRACEY
Address: 14490 SW 166TH TERRACE
City-St-Zip: MIAMI, FL 33177 US

Title: P,D () Delete
Name: MARCELLUS, SUZANNE P
Address: 3396 FOXCROFT RD. #215
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V, T (X) Change () Addition
Name: ANDERSON, JESSICA
Address: 4546 NW 90TH AVENUE
City-St-Zip: SUNRISE, FL 33351 US

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUZANNE MARCELLUS

P

05/03/2006

Electronic Signature of Signing Officer or Director

Date