

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005310

FILED  
May 15, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3110 NW 83RD ST.  
MIAMI, FL 33147 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:**

MARCELLUS, SUZANNE P  
3110 NW 83RD STREET  
MIAMI, FL 33147 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: P,D ( ) Delete  
Name: MARCELLUS, SUZANNE P  
Address: 3110 NW 83RD STREET  
City-St-Zip: MIAMI, FL 33147 US

Title: D ( ) Delete  
Name: WALTERS, RODRICK  
Address: 12525 ORANGE DRIVE, SUITE 715  
City-St-Zip: DAVIE, FL 33330 US

Title: D ( ) Delete  
Name: BOWEN, TRACEY  
Address: 101 SUNRISE DR. #2  
City-St-Zip: KEY BISCAWAYNE, FL 33149 US

Title: D ( ) Delete  
Name: SANTIAGO, ANGELA  
Address: 13511 SW 3RD COURT  
City-St-Zip: DAVIE, FL 33325 US

Title: D,T ( ) Delete  
Name: FERDINAND, JENNENE N  
Address: 11370 NW 35TH PLACE  
City-St-Zip: SUNRISE, FL 33323 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D (X) Change ( ) Addition  
Name: JARQUIN, VICTOLEEN  
Address: 19249 NW 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029 US

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

Title: D ( ) Change (X) Addition  
Name: ABRAHAMS, KARLINE F  
Address: 209 RIVERWALK CIRCLE  
City-St-Zip: SUNRISE, FL 33326

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: SUZANNE P MARCELLUS

P,D

05/15/2009

Electronic Signature of Signing Officer or Director

Date