

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

MARCELLUS, SUZANNE P
3110 NW 83RD STREET
MIAMI, FL 33147 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: 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 BISCAYNE, 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