

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 06, 2006  
Secretary of State

DOCUMENT# N04000006507

Entity Name: A RAY OF HOPE, INC.

**Current Principal Place of Business:**

813 SUNSET COVE DR  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

2010 WEST BELLA VISTA STREET  
LAKELAND, FL 33805

**Current Mailing Address:**

813 SUNSET COVE DR  
WINTER HAVEN, FL 33880

**New Mailing Address:**

POST OFFICE BOX 1537  
EATON PARK, FL 33840

FEI Number: 20-1358906      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:**

WILLIAMS, JR., ALONZO DR.  
813 SUNSET COVE DR  
WINTER HAVEN, FL 33880      US

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

WILLIAMS, JR., ALONZO DR.  
POST OFFICE BOX 1537  
EATON PARK, FL 33840      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: \_\_\_\_\_

06/06/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PST      ( ) Delete  
Name: WILLIAMS, JR., ALONZO DR.  
Address: 813 SUNSET COVE DR  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D      ( ) Delete  
Name: HOUSTON, BETTY  
Address: 2901 S BRAHMA BLVD APT F-2  
City-St-Zip: KINGSVILLE, TX 78363

Title: D      ( ) Delete  
Name: BATTLE, IDOTHA REV.  
Address: 530 W RAGLAND AVE  
City-St-Zip: KINGSVILLE, TX 78363

Title: D      ( ) Delete  
Name: KELLON, GLORIA  
Address: 6308 SWEETWATER DR EAST  
City-St-Zip: LAKELAND, FL 33811

Title: D      ( ) Delete  
Name: LANIER, CHARITY  
Address: 995 E MEMORIAL BLVD STE 110  
City-St-Zip: LAKELAND, FL 33801

Title: D      ( ) Delete  
Name: BLACKBURN, DELORES  
Address: 9334 LIME DR  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PST      (X) Change ( ) Addition  
Name: WILLIAMS, JR., ALONZO DR.  
Address: POST OFFICE BOX 1537  
City-St-Zip: EATON PARK, FL 33840

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:

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: DR ALONZO WILLIAMS, JR. \_\_\_\_\_

P

06/06/2006

Electronic Signature of Signing Officer or Director

Date