2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N04000006962

Entity Name: HOPE COMMUNITY CHARACTER CENTER, INC.

Current Principal Place of Business:

4400 NW 43 TER
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

P O BOX 100797
FORT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 84-1653585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARQUHARSON, ALFRED
4400 NW 43 TER
TAMARAC, FL 33319 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	( ) Delete
Name:	MORRIS, NOEL N	
Address:	4771 NW 18TH CT	
City-St-Zip:	FORT LAUDERDALE, FL 33313	
Title:	VP	( ) Delete
Name:	FARQUAHARSON, ALFRED	
Address:	4400 NW 43RD TERR	
City-St-Zip:	FORT LAUDERDALE, FL 33313	
Title:	TS	( ) Delete
Name:	DOYLEY, HUGH	
Address:	1631 NW 54TH TERR	
City-St-Zip:	LAUDERHILL, FL 33313	
Title:	AST	( ) Delete
Name:	DOUGLAS, KIRK	
Address:	151SW 91ST ST	
City-St-Zip:	FORT LAUDERDALE, FL 33324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TS	(X) Change ( ) Addition
Name:	ROBINSON, LEON	
Address:	7580 N W 21 COURT	
City-St-Zip:	SUNRISE, FL 33313	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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: NOEL. N. MORRIS P 04/29/2008

Electronic Signature of Signing Officer or Director — Date