

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006962

FILED
Apr 28, 2009
Secretary of State

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: ROBINSON, LEON
Address: 7580 N W 21 COURT
City-St-Zip: SUNRISE, 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: () 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 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

04/28/2009

Electronic Signature of Signing Officer or Director

Date