


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007647 1. Entity Name HOPE FOR KENYA'S KIDS INC.	
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Principal Place of Business 3522 MAJESTY LOOP WINTER HAVEN, FL 33880	Mailing Address 3522 MAJESTY LOOP WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



04042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 45-0485803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FENLEY, SANDRA L
3522 MAJESTY LOOP
WINTER HAVEN, FL 33880**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FENLEY, SANDRA L 3522 MAJESTY LOOP WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOWNS, M. JEAN 14307 W DUSTY TR SUN CITY WEST, AZ 85375
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAUL, HELEN 9039 SLIGO CREEK PKWY APT 1412 SILVER SPRING, MD 20901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, GLENDA 12210 CLUBHOUSE DR BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANKELEVICH, SHIRLEY 309 SAXONY COURT LEXINGTON, SC 29072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAAL, DAVID 10524 NICHOLAS ST OMAHA, NE, 68114

**DO NOT WRITE
IN THIS SPACE**

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04/19/07-80001-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra L. Fenley **4/5/07** **863-299-8996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #