## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000010917

Entity Name: MARY'S HOUSE OF HOPE, INC.

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business: New	Principal Place of Business:
--	------------------------------

2925 MONTECLAIRE AVEENUE 5550 HARBORAGE FORT MYERS, FL 33901 FORT MYERS, FL 33908

Current Mailing Address: New Mailing Address:

2925 MONTECLAIRE AVEENUE 5550 HARBORAGE FORT MYERS, FL 33901 FORT MYERS, FL 33908

FEI Number: 37-1500057 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HURT, WANDA M PRES 5550 HARBORAGE DR 5550 HARBORAGE DR FT MYERS, FL 33908 US FT MYERS, FL 33908 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: WANDA M HURT 01/04/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete HURT, WANDA HURT, WANDA PRES Name: Name: 5550 HARBORAGE DRIVE Address: 5550 HARBORAGE DRIVE Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33908 Title: ( ) Delete Title: (X) Change ( ) Addition LOVE, GOLD Name: PATRICK, MICHELE SEC. Name: Address: 6390 ASTORIA AVENUE Address: 13109 TALL PINE CR City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33907 Title: () Delete Title: (X) Change ( ) Addition

Name:PELSTRING, JAMESName:CALABRESE, SUSAN TRES.Address:2321 HERITAGE GREEN DRIVEAddress:13142 INGLENOOK DRCity-St-Zip:NAPLES, FL 34119City-St-Zip:FT MYERS, FL 33919

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: COONEY, FR. DENNIS Name: WARR, KATHY VP

 Name:
 COONEY, FR. DENNIS
 Name:
 WARR, KATHY VP

 Address:
 3975 E. MICHIGAN AVENUE
 Address:
 2243 RIVER OAK LN.

 City-St-Zip:
 FORT MYERS, FL 33905
 City-St-Zip:
 FORT MYERS, FL 33905

Title: D ( ) Change (X) Addition

 Name:
 Name:
 MAGNESE, SHERRY

 Address:
 Address:
 2104 SW 52ND LN

 City-St-Zip:
 City-St-Zip:
 CAPE CORAL, FL 33914

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 LEWIS, MARY

 Address:
 Address:
 7473 CARRIER

 City-St-Zip:
 City-St-Zip:
 FT MYER, FL 33912

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: WANDA M HURT PRES 01/04/2006