

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010917

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

1104 SE 12TH AVE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1104 SE 12TH AVE
CAPE CORAL, FL 33990

New Mailing Address:

P.O. BOX 2306
FORT MYERS, FL 33902-230

FEI Number: 37-1500057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURT, WANDA M PRES
5550 HARBORAGE DR
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

HURT, WANDA M PRES
18609 BARTOW BLVD
FT MYERS, FL 33912 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:

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HURT, WANDA
Address: 5550 HARBORAGE DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: FLETCHER, MARY A
Address: 18609 BARTOW BLV
City-St-Zip: FORT MYERS, FL 33912

Title: TRES () Delete
Name: CALABRESE, SUSAN
Address: 13142 INGLENOOK DR
City-St-Zip: FT MYERS, FL 33919

Title: CHIR () Delete
Name: DRAMKO, DIANE
Address: 1423 SE 16TH PL #102
City-St-Zip: CAPE CORAL, FL 33990

Title: DIRE () Delete
Name: MAGNESS, SHERRY
Address: 2104 SW 52ND LN
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: MICHELE, PATRICK
Address: 1103 INGLENOOK
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HURT, WANDA
Address: 18609 BARTOW BLVD
City-St-Zip: FORT MYERS, FL 33912

Title: TREA (X) Change () Addition
Name: KREUTZER, M.PATRICIA
Address: 2104 WEST FIRST ST. #1604
City-St-Zip: FORT MYERS, FL 33901

Title: D (X) Change () Addition
Name: MAIALE, JR, THOMAS
Address: 12830 UNIVERSITY DR #100
City-St-Zip: FORT MYERS, FL 33907

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MANN, EILEEN
Address: 1033 EAGLE WALK CIRCLE #103
City-St-Zip: NAPLES, FL 34108

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: M. PATRICIA KREUTZER

TREA

01/20/2009

Electronic Signature of Signing Officer or Director

Date