

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011296

FILED
Jan 09, 2008
Secretary of State

Entity Name: JOSIAH'S HOPE FOUNDATION, INC.

Current Principal Place of Business:

1550 E CROWN POINT RD
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1550 E CROWN POINT RD
OCOE, FL 34761

New Mailing Address:

FEI Number: 20-1964823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOAKUM, CRYSTAL C
1550 E CROWN POINT RD
OCOE, FL 34761 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: D () Delete
Name: YOAKUM, CRYSTAL C
Address: 763 PLANT ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: VANHOUTEN, ROBERTA C
Address: 1515 COLUSO DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: YOAKUM, DORIS C
Address: 11007 JOHN'S LAKE DR
City-St-Zip: WINTER GARDEN, FL 34787

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:

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: CRYSTAL YOAKUM

MRS.

01/09/2008

Electronic Signature of Signing Officer or Director

Date