2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# N05000001553

Entity Name: REDEMPTION HOPE CENTER, INC.

Current Principal Place of Business:

3501 NE 3RD AVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

3501 NE 3RD AVE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 47-0951902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLERVEAUX, HECTOR
3501 NE 3RD AVE
POMPANO BEACH, FL 33064 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: PD
Name: CLERVEAUX, HECTOR
Address: 5621 NW 43RD WAY
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD
Name: ELFRARD, YOLINE
Address: 4050 NE 4TH AVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D
Name: PROPHETE, KARLENE
Address: 641 NW 5TH COURT
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: D
Name: BENJAMIN, RODRIGUE
Address: 4751 SUGAR PINE DR
City-St-Zip: BOCA RATON, FL 33487

Title: D
Name: DUVERNY, ROLNEY
Address: 2831 SW 15TH ST
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D
Name: SYLVAIN, WILFIL
Address: 4020 NE 2ND TERR
City-St-Zip: POMPANO BEACH, FL 33064

I hereby 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 all other like empowered.

SIGNATURE: CLERVEAUX HECTOR PD 01/18/2011

Electronic Signature of Signing Officer or Director — Date