2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# N05000002053

Entity Name: HOPE FOR LIVING, INC.

Current Principal Place of Business:

213 SOUTH CALHOUN AVENUE
EATONVILLE, FL 32751

New Principal Place of Business:

Current Mailing Address:

213 SOUTH CALHOUN AVENUE
EATONVILLE, FL 32751

New Mailing Address:

FEI Number: 20-2511256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, MAYOLA J
213 SOUTH CALHOUN AVENUE
EATONVILLE, FL 32751 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:	P	( ) Delete
Name:	JONES, MAYOLA J	
Address:	213 SOUTH CALHOUN AVENUE	
City-St-Zip:	EATONVILLE, FL 32751	
Title:	VP	( ) Delete
Name:	SINGLETARY, MICHELLE	
Address:	P.O. BOX 394	
City-St-Zip:	EUSTIS, FL 32727	
Title:	T	( ) Delete
Name:	MILLER, EDNA M	
Address:	155 SOUTH CALHOUN AVE.	
City-St-Zip:	MAITLAND, FL 32751	
Title:	S	( ) Delete
Name:	SMITH JOHNSON, CHARLIE M	
Address:	1415 RADLEIGH PLACE	
City-St-Zip:	ORLANDO, FL 32803	

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

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: MAYOLA JOHNSON JONES P 07/05/2006

Electronic Signature of Signing Officer or Director — Date