

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90005 027 ****61.25

DOCUMENT # N05000002235					
1. Entity Name GIVE HOPE FOUNDATION, INC.					
Principal Place of Business 1280 WELLINGTON TERR MAITLAND, FL 32751			Mailing Address 1280 WELLINGTON TERR MAITLAND, FL 32751		
2. Principal Place of Business P.O. Box 4401			3. Mailing Address P.O. Box 4401		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Winter Park, FL			City & State Winter Park, FL		
Zip 32793		Country		4. FEIN Number EIN # 54-2169627	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PIACENTI, PETER 1280 WELLINGTON TERR MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name <u>Peter Piacenti</u> Street Address (P.O. Box Number is Not Acceptable) <u>701 Seabrook Ct. Unit 104</u> City <u>Altamonte Springs, FL</u> <u>FL</u> Zip Code <u>32714</u>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> , <u>Peter Piacenti, President</u> 7/27/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIACENTI, PETER 1280 WELLINGTON TERR MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Peter V. Piacenti 701 Seabrook Ct. Unit 104 Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUOLOS, LINDSAY 1280 WELLINGTON TERR MAITLAND, FL 32751	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jose Behar 588 Brantley Terrace Way #305 Altamonte Springs, FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLACENTI, WILLIAM 1280 WELLINGTON TERR MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President William Piacenti 986 Casa del Sol Circle Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHAN, HEATHER 1280 WELLINGTON TERR MAITLAND, FL 32751	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marketing Director / Board Member Simone Karsidides 2234 Peachleaf Ct. Longwood, FL 32779	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Account Manager / Board Member Peter R. Piacenti 1013 Inlet Way Altamonte Springs, FL 32714	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Board Member Julia Vito 355 LakePointe Dr. #202 Altamonte Springs, FL 32714	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> , <u>Peter Piacenti</u>			7/27/06 321-287-1402		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		