2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010308

HUNNINGHAM, NATHANIEL

FORT LAUDERDALE, FL 33311

2437 NW 21ST STREET

Name:

Address:

City-St-Zip:

FILED Jun 09, 2008 Secretary of State

Entity Name: HURRICANE OF HOPE INC. **Current Principal Place of Business: New Principal Place of Business:** 8100 SUNRISE LAKES BLVD #101 SUNRISE, FL 33322 **Current Mailing Address: New Mailing Address:** 8100 SUNRISE LAKES BLVD #101 SUNRISE, FL 33322 FEI Number: 01-0843987 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: Name and Address of New Registered Agent: HOPE, PHYLLIS C 8100 SUNRISE LAKES BLVD #101 SUNRISE, FL 33322 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HOPE, PHYLLIS Name: Name: Address: 8100 SUNRISE LAKES BLVD #101 Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: Title: Title: () Delete () Change () Addition Name: DODD, EARL Name: Address: 8100 SUNRISE LAKES BLVD #101 Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, EMMIE Name: Name: 1113 NW 23RD TERRACE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: PHYLLIS HOPE 06/09/2008