2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N05000010978

Entity Name: HOPE COMMUNITY CENTER, INC.

Current Principal Place of Business:

1016 NORTH PARK AVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1016 NORTH PARK AVE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 56-2551312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORMAN, CATHERINE M
1016 N. PARK AVENUE
APOPKA, FL 32712 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: CARROLL, MARY
Address: 143 WISTERIA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: S ( ) Delete
Name: BAUMAN, JEAN
Address: 426 TIMBER RIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: DEVANIE, LYNN
Address: 964 STONECREEK CT.
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete
Name: MOORE, DONALD
Address: 261 S. MCGEE AVENUE
City-St-Zip: APOPKA, FL 32703

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: VP (X) Change ( ) Addition
Name: SIEGFRIED, JEAN
Address: 1321 SUFFOLK ROAD
City-St-Zip: WINTER PARK, FL 32789

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: MARY CARROLL P 02/13/2009

Electronic Signature of Signing Officer or Director — Date