

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011932

FILED
Apr 21, 2006
Secretary of State

Entity Name: THE FAMILY FOUNDATION OF HOPE, INC.

Current Principal Place of Business:

6437 ALCESTER DRIVE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

6437 ALCESTER DRIVE
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR.
6645 RIDGE ROAD
PORT RICHEY, FL 34668 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: D () Delete
Name: DUNCAN, KEITH
Address: 6437 ALCESTER DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: ABBERGER, DONNA
Address: 5444 BELLEVIEW AVE.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: STAMBAUGH, SUSAN
Address: 10551 HILLTOP DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: MACKO, MARK
Address: 1203 MANDERLEE PLACE
City-St-Zip: NEW PORT RICHEY, FL 34655

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: KEITH DUNCAN

D

04/21/2006

Electronic Signature of Signing Officer or Director

Date