

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011933

FILED
Jan 04, 2008
Secretary of State

Entity Name: HOUSE OF HOPE FOR CHILDREN, INC.

Current Principal Place of Business:

3871 SW CHICOPEE STE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3871 SW CHICOPEE STE
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 22-3918642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REMY, MARIE M
3871 SW CHICOPEE ST
PORT ST LUCIE, FL 34953 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: PD () Delete
Name: BARTHOLE, MARIE A
Address: 3871 SW CHICOPEE STE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VPTD () Delete
Name: REMY, MARIE M
Address: 3871 SW CHICOPEE STE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SD () Delete
Name: REMY, YANICK M
Address: 3871 SW CHICOPEE STE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: JEAN-BAPTISTE, ELISABETH
Address: 576 SW CRAWFISH DR
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: REMY, MARIE Y
Address: 3871 SW CHICOPEE STE
City-St-Zip: PORT ST LUCIE, FL 34953

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

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: MARIE M REMY

VP

01/04/2008

Electronic Signature of Signing Officer or Director

Date