


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90059 020 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # N06000000874</b><br>1. Entity Name<br><b>RYLEE'S HOPE, INC.</b>  |   |  |  |    |  |
| Principal Place of Business<br><b>408 SW 18TH STREET<br/>OKEECHOBEE, FL 34974</b>  |   |  | Mailing Address<br><b>408 SW 18TH STREET<br/>OKEECHOBEE, FL 34974</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                              |  |   |  |
| 4. FEI Number<br><b>20-4205383</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |   |  |  | 02142007    Chg-NP    CR2E037 (12/06)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>JOLICOEUR, SHANA D<br/>408 SW 18TH STREET<br/>OKEECHOBEE, FL 34974</b>   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P / D</b><br><b>JOLICOEUR, SHANA D</b><br><b>408 SW 18TH STREET</b><br><b>OKEECHOBEE, FL 34974</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>Aspden, Jill E.</b><br><b>2157 NE 7th St.</b><br><b>Okeechobee, FL 34972</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP / D</b><br><b>JOLICOEUR, LEE M</b><br><b>408 SW 18TH STREET</b><br><b>OKEECHOBEE, FL 34974</b> <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>Aspden, Richard G.</b><br><b>2157 NE 7th Street</b><br><b>Okeechobee, FL 34972</b> <input type="checkbox"/> Delete     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>Sizemore, Edward J. III</b><br><b>1748 SE 6th Lane</b><br><b>Okeechobee, FL 34974</b> <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>Rucks, Chad O.</b><br><b>720 SW 67th Drive</b><br><b>Okeechobee, FL 34974</b> <input type="checkbox"/> Delete          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>Rucks, Linda R.</b><br><b>720 SW 67th Dr.</b><br><b>Okeechobee, FL 34974</b> <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |  |   |  |
| <b>SIGNATURE:</b> <i>Shana Jolicoeur</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | 2-15-07    863-357-2265<br><small>Date      Daytime Phone #</small>  |   |  |