2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004621

Entity Name: GLIMMER OF HOPE FOUNDATION, INC.

FILED Jul 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9424 NW 45TH PLACE 6412 N UNIVERSITY DRIVE SUNRISE, FL 33351

108

TAMARAC, FL 33321

Current Mailing Address: New Mailing Address:

P.O.BOX 290836 DAVIE, FL 33329

FEI Number: 22-3930381 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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:

DPT (X) Change () Addition () Delete ROUZEAU, CLIFFORD W ROUZEAU, CLIFFORD W Name:

Name:

9424 NW 45TH PLACE Address: 6412 N. UNIVERSITY DRIVE SUITE 108 Address:

City-St-Zip: SUNRISE, FL 33351 City-St-Zip: TAMARAC, FL 33321

(X) Change () Addition Title: () Delete Title: Name: ROUZEAU, JR, WILLIAM Name: ROUZEAU, JR, WILLIAM

Address: 9424 NW 45TH PLACE Address: 6412 N. UNIVERSITY DRIVE SUITE 108

TAMARAC, FL 33321

City-St-Zip: SUNRISE, FL 33351 City-St-Zip:

Title: () Delete Title: (X) Change () Addition ROUZEAU, DONNA M Name: MONTALVAN, MURIEL F Name:

9424 NW 45TH PLACE Address:

6412 N. UNIVERSITY DRIVE SUITE 108 Address:

City-St-Zip: SUNRISE, FL 33351 City-St-Zip: TAMARAC, FL 33321

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: CLIFFORD ROUZEAU DPT 07/26/2009