

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004621

FILED
May 01, 2012
Secretary of State

Entity Name: GLIMMER OF HOPE, INC.

Current Principal Place of Business:

3500 NW 17TH AVENUE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 290836
DAVIE, FL 33329

New Mailing Address:

FEI Number: 22-3930381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DP
Name: MECKLEMBOURG, GUY-LAINE D
Address: P.O. BOX 290836
City-St-Zip: DAVIE, FL 33329

Title: DVP
Name: JASTRAM, JACQUELINE C
Address: P.O. BOX 290836
City-St-Zip: DAVIE, FL 33329

Title: DT
Name: BLANCO, MIGUELINA
Address: P.O. BOX 290836
City-St-Zip: DAVIE, FL 33329

Title: D
Name: SPERDUTO DUPUY, SANDRA
Address: P.O. BOX 290836
City-St-Zip: DAVIE, FL 33329

Title: DS
Name: LEMAIRE, JOANE I
Address: P.O. BOX 290836
City-St-Zip: DAVIE, FL 33329

Title: D
Name: BELIARD, PASCALE
Address: P.O. BOX 290836
City-St-Zip: DAVIE, FL 33329

I hereby 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 all other like empowered.

SIGNATURE: GUY-LAINE MECKLEMBOURG

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date

Note - 4621

5/1/12

White, Rebekah

From: Glimmer of Hope <info@glimmerofhopeftl.org>
Sent: Tuesday, May 01, 2012 6:08 PM
To: CorpAddressChange
Subject: Annual Report- Add a member

Please add the following Board Member for us as we didn't have enough space to add her.

Name: St Lot Pascale
Title: D
Address: P.O.Box 290836 Davie, FL 33329.

Thank you very much

Client Services
3500 NW 17th Avenue
Miami, FL 33142
Phone: 786.797.2448//954.284.4345
Fax: 305.633.6773
www.glimmerofhopeftl.org

White, Rebekah

From: Glimmer of Hope <info@glimmerofhopeftl.org>
Sent: Wednesday, May 02, 2012 4:43 PM
To: CorpAddressChange
Subject: FW: Annual Report- Add a member

From: Glimmer of Hope [mailto:info@glimmerofhopeftl.org]
Sent: Tuesday, May 01, 2012 3:08 PM
To: 'corpaddresschange@dos.state.fl.us'
Subject: Annual Report- Add a member

Please add the following Board Member for us as we didn't have enough space to add her.

Name: St Lot Pascale
Title: D
Address: P.O.Box 290836 Davie, FL 33329.

Thank you very much

Client Services
3500 NW 17th Avenue
Miami, FL 33142
Phone: 786.797.2448//954.284.4345
Fax: 305.633.6773
www.glimmerofhopeftl.org

Attn: Annual
Reports... They
need this
member added
to their AR.
Thank You.

5/1/12
SA

From:

05/07/2012 00:53

#394 P.002/002

N06000004621

5-1-12



Monday May 7, 2012

Glimmer of Hope Inc
Document # N06000004621

Dear Mr. Toner:

We filled the annual report last week on 5/1/2012 and needed to add one more member. We sent an email to the division of corporations but also called and we were giving a fax number and an email address to send the request to. We did do both, but since we just got a response to the original email, we are also sending this request to your attention.

We apologize; we do not have the reference number for our filing

We are adding:

Pascale St. Lot: Member/Director

P.O.Box 290836 Davle, FL 33329

If you have any questions, please give us a call at 786.797.2448 or email us
@info@glimmerofhopeftl.org.

Thank you

Glimmer of Hope, Inc