

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005089

FILED
Apr 13, 2009
Secretary of State

Entity Name: HOPEWELL HUMAN SERVICES, INC.

Current Principal Place of Business:

1525 NW 167TH STREET
SUITE 410
MIAMI, FL 33169

New Principal Place of Business:

894 NW 15TH STREET
POMPANO BEACH, FL 33060

Current Mailing Address:

1525 NW 167TH STREET
SUITE 410
MIAMI, FL 33169

New Mailing Address:

894 NW 15TH STREET
POMPANO BEACH, FL 33060

FEI Number: 65-1279238 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:

JACKSON, ANTHONY L
1525 NW 167TH STREET
SUITE 410
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

JACKSON, ANTHONY L
894 NW 15TH STREET
POMPANO BEACH, FL 33060 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: ANTHONY L JACKSON

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOSLEY, MARSHALL D
Address: 501 NE 38TH STREET
City-St-Zip: POMPANO BEACH, FL 33064

Title: V () Delete
Name: SPICER, FAYE
Address: 4211 NW 19TH STREET 193
City-St-Zip: LAUDERHILL, FL 33313

Title: S () Delete
Name: SCOTT, ELLISA
Address: 6410 BRACBURN
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T () Delete
Name: JACKSON, CYPRIANNA L
Address: 8760 CLUB ESTATES WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: STRONG, CHARLIE
Address: 1510 NW 3TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: DAVIS, MICHAEL
Address: 8650 NW 48TH STREET
City-St-Zip: LAUDERHILL, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOSLEY, MARSHALL D
Address: 2920 NW 9TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

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

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

Title: () Change () Addition
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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 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: MARSHALL MOSLEY

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date