

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005593

FILED
May 27, 2009
Secretary of State

Entity Name: HOPE FOR TRISOMY 13 AND 18, INC.

Current Principal Place of Business:

14850 FRIPP ISLAND COURT
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

14850 FRIPP ISLAND COURT
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 20-5808571 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:

RAULERSON, MARY E
14850 FRIPP ISLAND COURT
NAPLES, FL 34119 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: P () Delete
Name: RAULERSON, M. BESS
Address: 14850 FRIPP ISLAND COURT
City-St-Zip: NAPLES, FL 34119 US

Title: VP () Delete
Name: O'FLYNN, CORINNE
Address: 5147 MINING CAMP TRAIL
City-St-Zip: PARKER, CO 80134

Title: T () Delete
Name: RAULERSON, D. MATTHEW
Address: 14850 FRIPP ISLAND COURT
City-St-Zip: NAPLES, FL 34119 US

Title: S () Delete
Name: ARNOLD, EMILY
Address: 641 13TH STREET NW
City-St-Zip: NAPLES, FL 34120 US

Title: B () Delete
Name: RACHMAN, DAWN R
Address: 23235 MARSH LANDING BLVD.
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
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: M. BESS RAULERSON

P

05/27/2009

Electronic Signature of Signing Officer or Director

_____ Date