2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2007
Secretary of State

DOCUMENT# N06000006166

Entity Name: BLESSED HOPE HUMAN RESOURCES & DEVELOPMENT GROUP, INC.

Current Principal Place of Business:

1038 W WALNUT STREET
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

1038 W WALNUT STREET
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 20-3619594 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENTZ, LOUIS DR
1204 W RUBY STREET
LAKELAND, FL 33815 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:	RENTZ, LOUIS DR	
Address:	1204 W RUBY STREET	
City-St-Zip:	LAKELAND, FL 33815	
Title:	D	( ) Delete
Name:	LEONARD, FRANK	
Address:	4601 HORTON RD	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	D	( ) Delete
Name:	BRINSON, FREDERICK J	
Address:	2121 E BEAL RD	
City-St-Zip:	PLANT CITY, FL 33567	
Title:	D	( ) Delete
Name:	SMITH, JOHN	
Address:	1941 LAVON STREET	
City-St-Zip:	LAKELAND, FL 33805	
Title:	C	( ) Delete
Name:	SHANNON, VINCENT L	
Address:	7691 CANTERBURY CIRCLE	
City-St-Zip:	LAKELAND, FL 33810	
Title:	D	( ) Delete
Name:	CAUDLE, STEVE A	
Address:	7419 FLORAL CIRCLE EAST	
City-St-Zip:	LAKELAND, FL 33810	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUIS RENTZ P 03/10/2007

Electronic Signature of Signing Officer or Director — Date