

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006296

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** BRISSETT RAY OF HOPE FOUNDATION, INC.

**Current Principal Place of Business:**

3300 INVERRARY BLVD.  
SUITE 100-D  
LAUDERHILL, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

3300 INVERRARY BLVD.  
SUITE 100-D  
LAUDERHILL, FL 33319

**New Mailing Address:**

**FEI Number:** 16-1763449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRISSETT, VALRENE  
4461 NW 23RD COURT  
LAUDERHILL, FL 33313 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: PD ( ) Delete  
Name: BRISSETT, E. NORMAN  
Address: 4461 NW 23RD CT  
City-St-Zip: LAUDERHILL, FL 33313

Title: TD ( ) Delete  
Name: BURK, TANYA  
Address: 4461 NW 23RD CT  
City-St-Zip: LAUDERHILL, FL 33313

Title: SD ( ) Delete  
Name: BRISSETT, VALRENE  
Address: 4461 NW 23RD CT.  
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete  
Name: PARK, DULCIANA  
Address: FAIRMOUTH P.O.  
City-St-Zip: TRELANNY, JAMAICA,

Title: D ( ) Delete  
Name: OWENS, AGNES  
Address: 1731 NW 63RD AVE.  
City-St-Zip: SUNRISE, FL 33313

**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: VALRENE L. BRISSETT

SD

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date