

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90016 049 ****61.25

DOCUMENT # N06000008524

1. Entity Name

A TOUCH OF HOPE COMMUNITY AGENCY, INC.



Principal Place of Business
607 GRAND ST.
ORLANDO, FL 32805

Mailing Address
607 GRAND ST.
ORLANDO, FL 32805

2. Principal Place of Business - No P.O. Box #

5104 North orange blossom

3. Mailing Address

5104 North orange blossom



03212008

Chg-NP

CR2E037 (12/06)

Suite, Apt. #, etc.

Suite 119

Suite, Apt. #, etc.

Suite 119

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32810

Country

USA

Zip

32805

Country

USA

4. FEI Number
51-0597716

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, SAMUEL T M.ED.
607 GRAND ST.
ORLANDO, FL 32805

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WRIGHT, SAMUEL T
STREET ADDRESS 607 GRAND ST.
CITY-ST-ZIP ORLANDO, FL 32805

TITLE D ☐ Delete
NAME WRIGHT-PERRY, STELLA
STREET ADDRESS 2229 LEE ST.
CITY-ST-ZIP BRUNSWICK, GA 31520

TITLE D ☐ Delete
NAME PERRY, BRITTANY
STREET ADDRESS 2229 LEE ST.
CITY-ST-ZIP BRUNSWICK, GA 31520

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Samuel Wright

4-1-08

407-592-3005