

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008524

FILED
Feb 07, 2012
Secretary of State

Entity Name: A TOUCH OF HOPE HOME CARE SERVICES, INC.

Current Principal Place of Business:

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE #119
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

5104 NORTH ORANGE BLOSSOM TRAIL
SUITE #119
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 51-0597716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, SAMUEL T M.ED.
3881 NORTH LAKE ORLANDO PARKWAY
ORLANDO, FL 32808 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: D
Name: WRIGHT, SAMUEL T
Address: 607 GRAND ST.
City-St-Zip: ORLANDO, FL 32805

Title: D
Name: WRIGHT-PERRY, STELLA
Address: 2229 LEE ST.
City-St-Zip: BRUNSWICK, GA 31520

Title: C
Name: MICHAEL, JENNIFER
Address: 6701 ALTA WEST GATE DR APT 1110
City-St-Zip: ORLANDO, FL 32818

Title: C
Name: COSTLEY, EURETIA
Address: 5811 SCHOONER WAY
City-St-Zip: TAMPA, FL 33615

Title: C
Name: LECOUNTE, FLOSSIE
Address: 1065 KEITH DR
City-St-Zip: HINESVILLE, GA 31313

I hereby 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 all other like empowered.

SIGNATURE: S. T. WRIGHT, M.ED.

D

02/07/2012

Electronic Signature of Signing Officer or Director

Date