

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009292

FILED
Sep 04, 2007
Secretary of State

Entity Name: HOPE ORPHANAGE FOUNDATION INC.

Current Principal Place of Business:

15350 AMBERLY DR #1522
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15350 AMBERLY DR #1522
TAMPA, FL 33647

New Mailing Address:

FEI Number: 45-0546663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

A1A REGISTERED AGENT INC
92 SADBERRY RD
QUINCY, FL 32351 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 () Delete
Name: ROCK, MARCLIN
Address: 15350 AMBERLY DR #1522
City-St-Zip: TAMPA, FL 33647

Title: DP () Delete
Name: ROCK, SAINTCOIS
Address: 711 SW 12TH CT
City-St-Zip: DEERFIELD, FL 33441

Title: DT () Delete
Name: ROCK, DELIVERANCE
Address: 711 SW 12TH CT
City-St-Zip: DEERFIELD, FL 33441

Title: S () Delete
Name: REVOLUS, DOMINIQUE
Address: 1812 BRUST AVE
City-St-Zip: TAMPA, FL 33612

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: JEAN, JEAN-SAUL
Address: 1300 SW 10TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Change (X) Addition
Name: PHILISTIN, CHILAIS
Address: 2648 NE 3RD ST
City-St-Zip: BOYNTON BEACH, FL 33435

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: MARCLIN ROCK

D

09/04/2007

Electronic Signature of Signing Officer or Director

_____ Date