

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009695

FILED
Jan 07, 2008
Secretary of State

Entity Name: HOPE MEMORIAL CARE, INC.

Current Principal Place of Business:

9470 HEALTHPARK CIRCLE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

9470 HEALTHPARK CIRCLE
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-5629369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, J. ROBERT
1342 TIMBERLANE ROAD SUITE 102A
TALLAHASSEE, FL 323121762 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: MR. () Delete
Name: IDELSON, CHARLES DIR
Address: UNIV. PARK SUITE 125, 12800 UNIV. DRIVE
City-St-Zip: FT. MYERS, FL 33907

Title: MS. () Delete
Name: BECKWITH, SAMIRA PRES.
Address: 9470 HEALTHPARK CIRCLE
City-St-Zip: FT. MYERS, FL 33908

Title: MR. () Delete
Name: ACKERT, RICHARD DIR.
Address: 9330 TRIANA TERRACE, #1
City-St-Zip: FT. MYERS, FL 33912

Title: MR. () Delete
Name: GILES, THOMAS DIR.
Address: 2503 DEL PRADO BOULEVARD, SOUTH, SUITE 200
City-St-Zip: CAPE CORAL, FL 33904

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:

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: J. ROBERT GRIFFIN

MR.

01/07/2008

Electronic Signature of Signing Officer or Director

Date