2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2008 8:00 am Secretary of State

DOCUMENT # N06000011435 1. Entity Name BEACON OF HOPE FOUNDATION, INC.					Secretary of State 05-12-2008 90024 031 ****61.25			
Principal Plac 745 REGENO #5202 NAPLES, FL	CY RESERVE CR. 34119	,	03	. ,				
1520	Dlue tointhue	Mailing Address	363					
	102	Suite, Apt. #, etc.			01162008	Chg-NP	CR2E037 (12/06)	anlind For
City & Stat	es + Lorida	Naples F	<u> </u>		4. FEI Number 01-0876		No	ot Applicable
zip (34-1(02 USA	341020-03103	Country		5. Certificate of	f Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent	Name		/. Name and /	Address of New	Registered Agent -	
YOUNGQUIST, TRISTA S 745 REGENCY RESERVE CR. SI				Trista S Youngquist Address (P.O. Bax Number is Not Acceptable) D 4520 Aug tont Ave # 102				
#5202 NAPLES, I	FL 34119		<u> </u>		<u>unuc</u>	TOHIT!	100 102	
			City	<u> </u>	des		FL Zip Coo	4100
		The purpose of changing its in	egistered office c	or registere	ed agent, or both	, in the State of	Flonda. Tam lamillar with,	and accept
<u>.</u> .	Signature, typed or printed name of registir (d addnt.	and title if applicable (NOTE:	Registered Agent signa	ture required v	when reinstating)	····	DATE	
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name to registing additional state of the signature of the sign	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	FI	Make check payable torida Department of S	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.	□ ,	\$5.00 May Be Added to Fees	Fi	Make check payable to orida Department of S	N 10
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing ontribution.	P Yain 1520 Nap	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFFIC	Make check payable to corida Department of S CERS AND DIRECTORS IN Change S LD2	tate
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12. I nereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Horida 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

1.17.08 239-272-2708

Daytime Phone #