
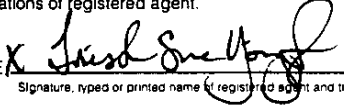



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-12-2008 90024 031 \*\*\*\*61.25

<b>DOCUMENT # N06000011435</b> 1. Entity Name <b>BEACON OF HOPE FOUNDATION, INC.</b>					
Principal Place of Business <b>745 REGENCY RESERVE CR. #5202 NAPLES, FL 34119</b>			Mailing Address <b>P.O. BOX 363 NAPLES, FL 34106 03</b>		
2. Principal Place of Business - No P.O. Box # <del>402</del> <b>1520 Blue Point Ave</b>			3. Mailing Address <b>PO Box 363</b>		
Suite, Apt. #, etc. <b>#102</b>			Suite, Apt. #, etc.		
City & State <b>Naples Florida</b>		City & State <b>Naples FL</b>		4. FEI Number <b>01-0876848</b>	
Zip <b>34102</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>YOUNGQUIST, TRISTA S 745 REGENCY RESERVE CR. #5202 NAPLES, FL 34119</b>			7. Name and Address of New Registered Agent Name <b>Trista S Youngquist</b> Street Address (P.O. Box Number is Not Acceptable) <b>1520 Blue Point Ave #102</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34102</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P YOUNGQUIST, TRISTA S 745 REGENCY RESERVE CR NAPLES, FL 34119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Youngquist, Trista S 1520 Blue Point Ave #102 Naples FL 34102</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KRAGH, MATTHEW 1686 BLUE POINT RD. #A3 NAPLES, FL 34102</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Matthew Kragh 1520 Blue Point Ave #102 Naples FL 34102</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PARRINELLO, CHERIE A 313 SW 29TH STREET CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> 			<b>1-17-08 239-272-2708</b> Date Daytime Phone #		