

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011435

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** BEACON OF HOPE FOUNDATION, INC.

**Current Principal Place of Business:**

1520 BLUE POINT AVE  
#102  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 363  
NAPLES, FL 34106 03

**New Mailing Address:**

**FEI Number:** 01-0876848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

YOUNGQUIST, TRISTA S  
1520 BLUE POINT AVE  
#102  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

KRAGH, TRISTA SUE  
1520 BLUE POINT AVE  
#102  
NAPLES, FL 34102 US

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: TRISTA SUE KRAGH

01/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KRAGH, TRISTA SUE  
Address: 1520 BLUE POINT AVE #102  
City-St-Zip: NAPLES, FL 34102

Title: VP  
Name: KRAGH, MATTHEW  
Address: 1520 BLUE POINT AVE #102  
City-St-Zip: NAPLES, FL 34102

Title: T  
Name: PARRINELLO, CHERIE A  
Address: 313 SW 29TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

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: TRISTA SUE KRAGH

P

01/17/2011

Electronic Signature of Signing Officer or Director

Date