


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90014 039 ****61.25

DOCUMENT # N06000012071					
1. Entity Name HOPE FOR A HOME, INC.					
Principal Place of Business 2925 10 AVE. NORTH, STE. 301B LAKE WORTH, FL 33461			Mailing Address P.O. BOX 389 DEERFIELD BEACH, FL 33443		
2. Principal Place of Business - No P.O. Box # <u>1700 N. Dixie Hwy</u>		3. Mailing Address <u>1700 N. Dixie Hwy</u>			
Suite, Apt. #, etc. <u>#148</u>		Suite, Apt. #, etc. <u>#148</u>			
City & State <u>Boca Raton, FL</u>		City & State <u>Boca Raton, FL</u>		4. FEI Number 22-3947623	
Zip <u>33432</u>		Country <u>Palm Beach</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name <u>Susan Gould</u> Street Address (P.O. Box Number is Not Acceptable) <u>1700 N. Dixie Hwy, #148</u> City <u>Boca Raton</u> FL <u>33432</u>			
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 <u>Susan Gould</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>7/14/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EDDY, JAMES A 2925 10 AVE. NORTH, STE. 301B LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Eddy, James A. 1700 N. Dixie Hwy, STE 148 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT GOULD, SUSAN M. 2925 10 AVE. NORTH, STE. 301B LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Susan Gould 1700 N. Dixie Hwy, STE 148 Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ABREU, VIRGINIA 2925 10 AVE. NORTH, STE. 301B LAKE WORTH, FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Abreu, Virginia 1700 N. Dixie Hwy, STE 148 Boca Raton, FL 33432	<input checked="" 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.					
SIGNATURE: <u>James A Eddy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>07/14/08</u> DAYTIME PHONE # <u>561-503-4284</u>		