

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002572

FILED
Jun 08, 2010
Secretary of State

Entity Name: HOPE AND HEALING CORP.

Current Principal Place of Business:

204 ALEXANDER ESTATES DR
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

P O BOX 1066
AUBURNDALE, FL 338231066

New Mailing Address:

FEI Number: 22-3956089 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHNSON, GEWANDA
204 ALEXZNDER ESTATES DR
AUBURNDALE, FL 33823 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JOHNSON, GEWANDA
Address: 204 ALEXANDER ESTATES DR
City-St-Zip: AUBURNDALE, FL 33823

Title: VPD
Name: CAMP, DONNA
Address: 204 ALEXANDER ESTATES DR
City-St-Zip: AUBURNDALE, FL 33823

Title: SD
Name: GRIMSLEY, WANDA T
Address: 204 ALEXANDER ESTATES DR
City-St-Zip: AUBURNDALE, FL 33823

Title: TD
Name: GRIMSLEY, HOSIE JR
Address: 204 ALEXANDER ESTATES DR
City-St-Zip: AUBURNDALE, FL 33823

Title: D
Name: JOHNSON, JAMLIAH
Address: 204 ALEXANDER ESTATES DR
City-St-Zip: AUBURNDALE, FL 33823

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: GEWANDA JOHNSON

P

06/08/2010

Electronic Signature of Signing Officer or Director

Date