

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002572

FILED
Apr 28, 2011
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:

1502 BUCKEYE RD NE
5
WINTER HAVEN, FL 33881

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 ()

Name and Address of Current Registered Agent:

JOHNSON, GEWANDA
204 ALEXZNDER ESTATES DR
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

JOHNSON, GEWANDA
1502 BUCKEYE RD NE
5
WINTER HAVEN, FL 33881 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:

04/28/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JOHNSON, GEWANDA
Address: 1502 BUCKEYE RD NE # 5
City-St-Zip: WINTER HAVEN, FL 33881

Title: VPD
Name: CAMP, DONNA
Address: 1502 BUCKEYE RD NE # 5
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD
Name: GRIMSLEY, WANDA T
Address: 1502 BUCKEYE RD NE # 5
City-St-Zip: WINTER HAVEN, FL 33823

Title: TD
Name: GRIMSLEY, HOSIE JR
Address: 1502 BUCKEYE RD NE # 5
City-St-Zip: WINTER HAVEN, FL 33881

Title: D
Name: JOHNSON, JAMILIAH
Address: 1502 BUCKEYE RD NE # 5
City-St-Zip: WINTER HAVEN, FL 33881

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

PD

04/28/2011

Electronic Signature of Signing Officer or Director

Date