

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006733

FILED
Apr 09, 2008
Secretary of State

Entity Name: THE HOFE INSTITUTE, INC.

Current Principal Place of Business:

4400 E HIGHWAY 20
SUITE 305
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4400 E HIGHWAY 20
SUITE 305
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 26-0509514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, STEVEN T
4400 E HIGHWAY 20
SUITE 305
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

SWAN, BART C
4400 E HIGHWAY 20
SUITE 305
NICEVILLE, FL 32578 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: BART C. SWAN

04/09/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SWAN, BART C
Address: 238 KAREN CT
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: B. STEVEN SCHUTT,
Address: 121 ELDERBERRY LN
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Delete
Name: WELCH, STEVEN T
Address: 1501 N PARTIN DR #127
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHUTT, BARRY S
Address: 121 ELDERBERRY LN
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BART C. SWAN

D

04/09/2008

Electronic Signature of Signing Officer or Director

Date