

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006733

FILED  
Mar 04, 2009  
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:

4400 HWY 20 E  
STE 305  
NICEVILLE, FL 32578

## Current Mailing Address:

4400 E HIGHWAY 20  
SUITE 305  
NICEVILLE, FL 32578

## New Mailing Address:

4400 HWY 20 E  
STE 305  
NICEVILLE, FL 32578

FEI Number: 26-0509514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SWAN, BART C  
4400 HWY 20 E  
STE 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:

03/04/2009

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: SCHUTT, BARRY S  
Address: 121 ELDERBERRY LN  
City-St-Zip: NICEVILLE, FL 32578

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

03/04/2009

Electronic Signature of Signing Officer or Director

Date