## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000008756

Entity Name: A SPRING OF HOPE, INC.

FILED Feb 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7741 NW 39TH AVENUE COCONUT CREEK, FL 33073 **Current Mailing Address: New Mailing Address:** 7741 NW 39TH AVENUE COCONUT CREEK, FL 33073 FEI Number: 26-0851887 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YOUNG, JOANNE 7741 W 39TH AVENUE COCONUT CREEK, FL 33073 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPT () Delete () Change () Addition YOUNG, JOANNE Name: Name: 7741 NW 39TH AVENUE Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: Title: () Delete () Change () Addition HALL, CLARA Name: Name: Address: 914 SE 12 ST Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: Title: () Delete Title: () Change () Addition DEL RASO, JOSEPH Name: Name: 522 SUGARTOWN RD Address: Address: City-St-Zip: **DEVON. PA 19333** City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: HALL, CHRISTIAN Name: Address: 914 SE 12 ST Address: DEERFIELD BEACH, FL 33441 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SCHMIKL, SHERI OSSIP, JONATHAN Name: Name: P.O. BOX 166 HOESDSPRUIT 1380 8530 NADMAR AVENUE Address: Address: City-St-Zip: REPUBLIC OF SOUTH AFRICA, City-St-Zip: BOCA RATON, FL 33434 Title: () Delete Title: (X) Change ( ) Addition STOHR, JEFFREY YORK, HOWARD Name: Name: Address: 21346 ST ANDREWS BLVD #300 Address: 6270 NW 77 TERRACE BOCA RATON, FL 33433 BOCA RATON, FL 33067 City-St-Zip: 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: JOANNE YOUNG PRES 02/12/2009