2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N07000008790 1. Entity Name SEND-TRAL (FL) HOPE AND JOY, INCORPORATED



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Principal Place of Business 5224 WEST STATE ROAD 46 SANFORD, FL 32771		Mailing Address 5224 WEST STATE ROAD 46 SANFORD, FL 32771		40003	•••		
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242008 Ct	ng-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 26-082733	6	— —	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent	Nome	7. Name and Add	ress of New Re	gistered Agent	
TAYLOR, JACQUELINE A			Name				
5224 WEST STATE ROAD 46 SANFORD, FL 32771			Street Addres		Not Acceptable)		
			`				
عراثا			City			FL Zip Coo	le
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regist	tered agent, or both, in	the State of Flor	ida. I am familiar with	and accept
the obligat	ions of registered agent.						
SIGNATURE .		A CALLER OF THE PARTY OF THE PA	Consistenced Appell pigness year require	ind when rejectation		DATE	
	Signature, typed or printed name of registered agent a	no (tie ii applicable. (NOTC	: Registered Agent signature requi	red when remstating/			
Filing Fee is \$61.25 Due by May 1, 2008		O Floring Com	9. Election Campaign Financing Trust Fund Contribution.		14.		
	_	 		\$5.00 May Be Added to Fees		ike check payable t da Department of S	
10.	_	Trust Fund C		Added to Fees	Florid	da Department of S	tate
TITLE	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund C	ontribution.	Added to Fees	Florid	da Department of S	tate
TITLE NAME	Due by May 1, 2008 OFFICERS AND DIR	Trust Fund C	ontribution.	Added to Fees	Florid	da Department of S	late V 10
TITLE	Due by May 1, 2008 OFFICERS AND DIR D TAYLOR, JACQUELINE A	Trust Fund C	Ontribution. 11. TITLE NAME	Added to Fees	Florid	da Department of S	late V 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1<u>200</u>8 1231

Daytime Phone #

Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90342 008 ****61.25