

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009508

FILED
May 01, 2009
Secretary of State

Entity Name: HOPE CENTER OF MARIANNA, INC.

Current Principal Place of Business:

2820 ROCKWELL STREET
APT B
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

PO BOX 139
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 26-1175515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOYETTE, MELISSA LYNN
2940 GREEN STREET APT B
MARIANNA, FL 32446 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:

Title: PSTD () Delete
Name: BOYETTE, MELISSA LYNN
Address: 2940 GREEN STREET, APT B
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: GRIFFIN, MICHAEL B
Address: 2514 MASHBURN RD
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: LONG, NADINE
Address: 3385 NORTH OAKS DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: OSWALD, DIANE T
Address: 3205 5TH ST
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: SPEIGHTS, LILLIE K
Address: 4222 SOUTH STREET
City-St-Zip: MARIANNA, FL 32446

Title: VP () Delete
Name: FEARS, MARY
Address: 5177 MT. TABOR ROAD
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VP (X) Change () Addition
Name: BOYETTE, TIFFANNY M
Address: 2940 APT. B GREEN STREET
City-St-Zip: MARIANNA, FL 32446

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: MELISSA L. BOYETTE

PSTD

05/01/2009

Electronic Signature of Signing Officer or Director

Date