

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 14, 2008  
Secretary of State

DOCUMENT# N07000010949

Entity Name: FAMILY TIES HOPE, INC.

**Current Principal Place of Business:**

1708 S.W. 20TH STREET  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

1708 S.W. 20TH STREET  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 11-3828364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARREN, JOHN A  
1708 S.W. 20TH STREET  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

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: P ( ) Delete  
Name: HARREN, JOHN A  
Address: 1708 S.W. 20TH STRTEET  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TREA ( ) Delete  
Name: HARREN, CHARLENE  
Address: 1708 S.W. 20TH STREET  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SEC ( ) Delete  
Name: LEONARD, BONNIE  
Address: 11132 WINDING PEARL WAY  
City-St-Zip: WELLINGTON, FL 33414

Title: BM ( ) Delete  
Name: GALLO, DONELLA  
Address: 4195 COLLIN DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33406

**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:

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: JOHN A. HARREN

P

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date