

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
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 HARREN

Electronic Signature of Signing Officer or Director

DIRE

01/16/2009

Date