

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011561

FILED
Sep 01, 2009
Secretary of State

Entity Name: HOPE FOR TOMORROW FOUNDATION INC.

Current Principal Place of Business:

13235 SW 264 ST.
MIAMI, FL 33032

New Principal Place of Business:

13235 SW 264 ST.
HOMESTEAD, FL 33032

Current Mailing Address:

PO BOX 924225
HOMESTEAD, FL 33092

New Mailing Address:

13235 SW 264 ST.
HOMESTEAD, FL 33092

FEI Number: 39-2067428 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

SMITH, TAMIKA
13235 SW 264 ST.
MIAMI, FL 33032 US

Name and Address of New Registered Agent:

SMITH, TAMIKA N
13235 SW 264 ST.
N/A
HOMESTEAD, FL 33032 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: TAMIKA N. SMITH

09/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, TAMIKA
Address: 13235 SW 264 ST.
City-St-Zip: MIAMI, FL 33032

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ADM (X) Change () Addition
Name: SMITH, TAMIKA N
Address: 13235 SW 264 ST.
City-St-Zip: HOMESTEAD, FL 33032

Title: ADM () Change (X) Addition
Name: SHEPPARD, JANE A
Address: 13235 SW 264 ST.
City-St-Zip: HOMESTEAD, FL 33032

Title: ADM () Change (X) Addition
Name: REMY, JIDLYNE
Address: 715 NW 4TH ST.
City-St-Zip: HOMESTEAD, FL 33030

Title: ASST () Change (X) Addition
Name: SMITH, JASMINE M
Address: 13235 SW 264 ST.
City-St-Zip: HOMESTEAD, FL 33032

Title: ADM () Change (X) Addition
Name: CROSS, LASHWA
Address: 11332 SW. 190 ST.
City-St-Zip: MIAMI, FL 33157

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: TAMIKA N. SMITH

ADM

09/01/2009

Electronic Signature of Signing Officer or Director

Date