

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002115

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: BRIGHT HOPES CORPORATION

## Current Principal Place of Business:

602 W. CENTRAL AVENUE  
ORANGE CITY, FL 32763

## New Principal Place of Business:

2479 S VOLUSIA AVE  
ORANGE CITY, FL 32763

## Current Mailing Address:

602 W. CENTRAL AVENUE  
ORANGE CITY, FL 32763

## New Mailing Address:

2479 S VOLUSIA AVE  
ORANGE CITY, FL 32763

FEI Number: 26-2169254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ENSINGER, DEBRA  
602 W. CENTRAL AVENUE  
ORANGE CITY, FL 32763 US

## Name and Address of New Registered Agent:

WILSON, MAURICE  
739 N MIDLAND DRIVE  
DELTONA, FL 32725 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: MAURICE WILSON

04/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILSON, MAURICE  
Address: 739 N. MIDLAND DR.  
City-St-Zip: DELTONA, FL 32725

Title: D ( ) Delete  
Name: TARANTO, MIKE  
Address: 2479 S. VOLUSIA AVE.  
City-St-Zip: ORANGE CITY, FL 32763

Title: D ( ) Delete  
Name: ENSINGER, DEBRA  
Address: P.O. BOX 740461  
City-St-Zip: ORANGE CITY, FL 32774

## 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:

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: MAURICE WILSON

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date