

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002989

FILED
Apr 30, 2009
Secretary of State

Entity Name: WELCOME-HOPE, OPPORTUNITY, MENTORING, & EDUCATION, INC.

Current Principal Place of Business:

5616 TERRA CEICA DR
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

5616 TERRA CEICA DR
TAMPA, FL 33619

New Mailing Address:

P.O. BOX 260116
TAMPA, FL 33685

FEI Number: 26-2185671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREWER, BETTY
6724 GRAND BAHAMA DR
TAMPA, FL 33615 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: DC () Delete
Name: BREWER, BETTY
Address: 5724 GRAND BAHAMA DR
City-St-Zip: TAMPA, FL 33615

Title: DVC () Delete
Name: TORRANCE, SANDRA
Address: 10503 OUT ISLAND
City-St-Zip: TAMPA, FL 33615

Title: DT () Delete
Name: BELL, WILLIAM SR
Address: 5490 GROVE ST
City-St-Zip: ST PETERSBURG, FL 33607

Title: DS () Delete
Name: KUBON, ARLESSA
Address: 3616 NORTH BLVD
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: TORRANCE, ARTHUR
Address: 10503 OUT ISLAND
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: BELL, BETTY
Address: 6724 GRAND BAHAMA DR
City-St-Zip: TAMPA, FL 33615

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

Title: DT (X) Change () Addition
Name: BELL, WILLIAM SR
Address: 6724 GRAND BAHAMA DR.
City-St-Zip: TAMPA, FL 33615

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

Title: D (X) Change () Addition
Name: GAUTIERRE, CHARLA
Address: 14124 FLETCHER AVE. APT. D.
City-St-Zip: TAMPA, FL 33612

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: BETTY T. BELL

DC

04/30/2009

Electronic Signature of Signing Officer or Director

Date