2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2009
Secretary of State

DOCUMENT# N08000003147

Entity Name: HOPE ETERNAL FOUNDATION, INC.

Current Principal Place of Business:

7512 DR PHILLIPS BLVD.
SUITE 50-340
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7512 DR PHILLIPS BLVD.
SUITE 50-340
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 41-2274216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

HEILER, MARY A
815 HASTIN PLACE
KISSIMMEE, FL 34758 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 D ( ) Delete
Name: HEILER, MARY A
Address: 815 HASTIN PLACE
City-St-Zip: KISSIMMEE, FL 34758 US

Title: D ( ) Delete
Name: PEMBERTON, GUY
Address: POST OFFICE BOX 2127
City-St-Zip: INUVIK, NT X0E 0T0 CA

Title: D ( ) Delete
Name: GALLOW, JOHN R
Address: 4165 HOMESTEAD RIDGE DRIVE
City-St-Zip: CUMMING, GA 30084 US

Title: D ( ) Delete
Name: ASCHER, THOMAS
Address: 159 WINDWALKER ROAD
City-St-Zip: BUENA VISTA, CO 81211 US

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: MARY A HEILER P/D 09/17/2009
Electronic Signature of Signing Officer or Director — Date