

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005072

FILED  
Sep 02, 2009  
Secretary of State

**Entity Name:** GIVING A FUTURE TO A HOPELESS CHILD FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

420 W. MOWRY DR.  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

420 W. MOWRY DR.  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 80-0193176      **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:**

LINDOR, JEAN M  
21 SOUTH KROME AVE.  
HOMESTEAD, FL 33030      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: PC      ( ) Delete  
Name: PIERRE, CLARK  
Address: 1762 NW 5TH AVE.  
City-St-Zip: HOMESTEAD, FL 33030

Title: VVC      ( ) Delete  
Name: RAMEAU, GENEVIEVE E  
Address: 420 W. MOWRY DR.  
City-St-Zip: HOMESTEAD, FL 33030

Title: SD      ( ) Delete  
Name: CLARK, MARELANIC  
Address: 25701 SW 130 AVE.  
City-St-Zip: HOMESTEAD, FL 33030

Title: TD      ( ) Delete  
Name: ROCHENEL, MARC  
Address: 11100 SW 197TH ST., #6-109  
City-St-Zip: MIAMI, FL 33157

Title: D      ( ) Delete  
Name: LINDOR, JEAN M  
Address: 21 SOUTH KROME AVE.  
City-St-Zip: HOMESTEAD, FL 33030

**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:

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: PIERRE CLARK

D

09/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date