

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005085

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: OMES GOD'S CHILDREN HOUSE OF HOPE, INC.

## Current Principal Place of Business:

3871 S.W. CHICOPPE STREET  
PORT SAINT LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

3871 S.W. CHICOPPE STREET  
PORT SAINT LUCIE, FL 34953

## New Mailing Address:

FEI Number: 26-3855974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARTHOLE, MARIE A  
3871 S.W. CHICOPPE STREET  
PORT SAINT LUCIE, FL 34953 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 ( ) Delete  
Name: HERVE, GEORGES  
Address: 549 PL. CHATEAU  
City-St-Zip: DELRAY BEACH, FL 33445

Title: CHRM ( ) Delete  
Name: BARTHOLE, MARIE A  
Address: 3871 S.W. CHICOPPE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete  
Name: JOSEPH, BERNARD  
Address: 5675 BARNHILL DR. #23  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: COMPAS, ANTON F  
Address: 601 S. INDIAN RIVER DR. #13  
City-St-Zip: FORT PIERCE, FL 34950

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: HERVE, GEORGES  
Address: 549 PL. CHATEAU  
City-St-Zip: DELRAY BEACH, FL 33445

Title: CHRM (X) Change ( ) Addition  
Name: BARTHOLE, MARIE A  
Address: 3871 S.W. CHICOPPE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: DSEC (X) Change ( ) Addition  
Name: REMEY, MAGALIE  
Address: 3871 S.W. CHICOPPE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: DTRS (X) Change ( ) Addition  
Name: REMEY, YANIQUE  
Address: 3871 S.W. CHICOPPE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: MARIE BARTHOLE

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date