2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000005711

Entity Name: PORTAMENTO OF HOPE, INC.

Current Principal Place of Business:

302 S PARSONS AVE
BRANDON, FL 33511

New Principal Place of Business:

303 S PARSONS AVE
107 MASON STREET
BRANDON, FL 33511

Current Mailing Address:

302 S PARSONS AVE
BRANDON, FL 33511

New Mailing Address:

401 S PARSONS AVE #A
BRANDON, FL 33511

FEI Number: 26-3382589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LILYQUIST, LELA
1024 MEADOW LANE
BRANDON, FL 33511 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: DIR ( ) Delete
Name: LILYQUIST, LELA
Address: 1024 MEADOW LANE
City-St-Zip: BRANDON, FL 33511

Title: DIR ( ) Delete
Name: SAPROUNOVA, VERA DR
Address: 1426 BLOOMINGDALE AVE
City-St-Zip: VALRICO, FL 33596

Title: DIR ( ) Delete
Name: LANIER, LOU ANN
Address: PO BOX 1116
City-St-Zip: BRANDON, FL 33509

Title: DIR ( ) Delete
Name: HODGES, VALERIE
Address: PO BOX 2445
City-St-Zip: VALRICO, FL 33595

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LILYQUIST, LELA
Address: 1024 MEADOW LANE
City-St-Zip: BRANDON, FL 33511

Title: VP (X) Change ( ) Addition
Name: RICHARD, HOUSER
Address: 10322 OAK FORREST DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: SEC (X) Change ( ) Addition
Name: JIM, MEADOWCROFT
Address: 642 SAND RIDGE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: TREA (X) Change ( ) Addition
Name: LOU ANN, LANIER
Address: 3938 KING DRIVE
City-St-Zip: BRANDON, FL 33511

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: LELA LILYQUIST P 04/30/2009
Electronic Signature of Signing Officer or Director — Date