

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006311

FILED
Apr 30, 2009
Secretary of State

Entity Name: SOLOMON'S FOUNDATION OF INSPIRATION & HOPE, INC.

Current Principal Place of Business:

14723 BAYONNE RD
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

14723 BAYONNE RD
ORLANDO, FL 32832

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, TORRANCE D
14723 BAYONNE RD
ORLANDO, FL 32832 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: SOLOMON, TORRANCE D
Address: 14723 BAYONNE RD
City-St-Zip: ORLANDO, FL 32832

Title: VP () Delete
Name: MADAUS, GLORIA
Address: 525 S CONWAY RD, APT 32
City-St-Zip: ORLANDO, FL 32807

Title: C () Delete
Name: LEWIS, SABRENIA
Address: 2843 JOSEPH CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: JONES, PHILLIP
Address: 2602 EBONY ST
City-St-Zip: ORLANDO, FL 32811

Title: S () Delete
Name: SOLOMON, FAITH
Address: 14723 BAYONNE RD
City-St-Zip: ORLANDO, FL 32832

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: TORRANCE D SOLOMON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date