

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006338

FILED
Aug 22, 2009
Secretary of State

Entity Name: HOPE ARTS INC.

Current Principal Place of Business:

2039 N. MERIDIAN RD., #140
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2039 N. MERIDIAN RD., #140
TALLAHASSEE, FL 32303

New Mailing Address:

PO BOX 38102
TALLAHASSEE, FL 32315

FEI Number: 26-3139339 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:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD., SUITE A-100
TAMPA, FL 33612 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: PD () Delete
Name: PHILIPPE, PIERRE E
Address: 2039 N. MERIDIAN RD., #140
City-St-Zip: TALLAHASSEE, FL 32303

Title: SD () Delete
Name: AMIN, FAINIZ
Address: 1375 PULLEN RD., 134
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD () Delete
Name: KIRK, RYAN
Address: 2039 N. MERIDIAN RD., #140
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: AMIN, FAIRUZ
Address: 432 TEAL LANE APT C
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD (X) Change () Addition
Name: GRIFFIN, BLAKE
Address: 2039 N. MERIDIAN RD., #140
City-St-Zip: TALLAHASSEE, FL 32303

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 PHILIPPE

PD

08/22/2009

Electronic Signature of Signing Officer or Director

Date