

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006566

FILED
Apr 16, 2009
Secretary of State

Entity Name: HOPE FOR LIFE, INC.

Current Principal Place of Business:

342 SOUTH MAIN STREET
WILDWOOD, FL 34785 US

New Principal Place of Business:

340 SOUTH MAIN STREET
WILDWOOD, FL 34785 US

Current Mailing Address:

P O BOX 892
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 26-1626096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SINGLETON GRAY, BARBARA
342 SOUTH MAIN STREET
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

SINGLETON GRAY, BARBARA
340 SOUTH MAIN STREET
WILDWOOD, FL 34785 US

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: BARBARA SINGLETON GARY

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SINGLETON GARY, BARBARA
Address: 1060 COUNTY ROAD 228
City-St-Zip: WILDWOOD, FL 34785 US

Title: VP () Delete
Name: GARY, CHARLES D
Address: 1060 COUNTY ROAD 228
City-St-Zip: WILDWOOD, FL 34785 US

Title: VP () Delete
Name: SINGLETON, REMONA D
Address: 1612 EAST COUNTY ROAD 462
City-St-Zip: WILDWOOD, FL 34785 US

Title: SEC () Delete
Name: BARRON, SHARLENE L
Address: 5343 NW 1ST STREET
City-St-Zip: OCALA, FL 34482 US

Title: TRES () Delete
Name: SINGLETON, ARDELIA L
Address: 1612 EAST COUNTY ROAD 462
City-St-Zip: WILDWOOD, FL 34785 US

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: BARBARA SINGLETON GARY

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date