

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006778

FILED
Jan 16, 2009
Secretary of State

Entity Name: HOPE NETWORK OF FLAGLER COUNTY, INC.

Current Principal Place of Business:

1 FLORIDA PARK DRIVE, SUITE 350
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

PO BOX 351944
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 80-0223101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELDREDGE, DAVID S
1 FLORIDA PARK DRIVE, SUITE 350
PALM COAST, FL 32137 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: RHODES, LOIS
Address: 11 PARKVIEW DRIVE
City-St-Zip: PALM COAST, FL 32164 US

Title: VP () Change (X) Addition
Name: YEARWOOD, BARBARA
Address: 9 EBB TIDE DRIVE
City-St-Zip: PALM COAST, FL 32164 US

Title: T () Change (X) Addition
Name: HELDWEIN, CARL
Address: 64 COLECHESTER LANE
City-St-Zip: PALM COAST, FL 32137 US

Title: S () Change (X) Addition
Name: VERRENTI, SHARON
Address: 42 WOODWARD LN.
City-St-Zip: PALM COAST, FL 32164 US

Title: D () Change (X) Addition
Name: SMITH, DON
Address: 2095 JOYCE STREET
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: D () Change (X) Addition
Name: HOWARD, SUZANNE
Address: 118 PARKVIEW DRIVE
City-St-Zip: PALM COAST, FL 32134 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: CARL HELDWEIN

T

01/16/2009

Electronic Signature of Signing Officer or Director

Date