

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006854

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: HOPE AND COMPASSION, INC.

**Current Principal Place of Business:**

5855 WASHINGTON ST., #52  
HOLLYWOOD, FL 33023

**New Principal Place of Business:**

5835 WASHINGTON ST.  
#52  
HOLLYWOOD, FL 33023

**Current Mailing Address:**

5855 WASHINGTON ST., #52  
HOLLYWOOD, FL 33023

**New Mailing Address:**

P.O. BOX 813055  
HOLLYWOOD, FL 33081

FEI Number: 26-3143031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LECAR, YUISA  
5835 WASHINGTON ST., #52  
HOLLYWOOD, FL 33023 US

**Name and Address of New Registered Agent:**

LECAR, YUISA  
5835 WASHINGTON ST.  
#52  
HOLLYWOOD, FL 33023 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:

04/26/2009

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:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: LECAR, YUISA  
Address: 5835 WASHINGTON ST. #52  
City-St-Zip: HOLLYWOOD, FL 33023

Title: S ( ) Change (X) Addition  
Name: PEREZ, CAROLYN  
Address: 3151 ARTHUR ST.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T ( ) Change (X) Addition  
Name: ROSE, CAROLYN  
Address: 3151 ARTHUR ST.  
City-St-Zip: HOLLYWOOD, FL 33021

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: YUISA LECAR

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date