

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009667

FILED
Apr 27, 2009
Secretary of State

Entity Name: HOPE FOR THE VILLAGERS, INC.

Current Principal Place of Business:

8625 LONG ACRE DR
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

8625 LONG ACRE DR
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 26-3504967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERRE, SAUFIA
8625 LONG ACRE DR
MIRAMAR, FL 33025 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: MICHEL, SERGE
Address: 71633 TALISMAN LANE
City-St-Zip: COLUMBIA, MD 12045

Title: RDIR () Delete
Name: FRANCOIS, BLODINE
Address: 8625 LONG ACRE DR
City-St-Zip: MIRAMAR, FL 33025

Title: SEC () Delete
Name: PIERRE, JESSICA
Address: 8625 LONG ACRE
City-St-Zip: MIRAMAR, FL 33025

Title: TR () Delete
Name: PIERRE, SAUFIA
Address: 8625 LONG ACRE DR
City-St-Zip: MIRAMAR, FL 33025

Title: FDIR () Delete
Name: GUERRIER, HERODIA
Address: 2101 RHODE ISLAND AVENUE
City-St-Zip: FORT PIERCE, FL 34947

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: SAUFIA PIERRE

TR

04/27/2009

Electronic Signature of Signing Officer or Director

Date