

# 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