

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 25, 2012**  
**Secretary of State**

DOCUMENT# N08000010740

Entity Name: OUR HOPE CENTER, INC.

**Current Principal Place of Business:**893 PONDELLA RD  
N.FT. MYERS, FL 33903**New Principal Place of Business:**1621 N. TAMIAMI TRAIL#1  
N.FT. MYERS, FL 33903**Current Mailing Address:**893 PONDELLA RD  
N.FT. MYERS, FL 33903**New Mailing Address:**1621 N. TAMIAMI TRAIL#1  
N.FT. MYERS, FL 33903

FEI Number: 26-3810864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**MIKOLAK, BRANDI  
893 PONDELLA RD.  
N. FORT MYERS, FL 33903 US**Name and Address of New Registered Agent:**MIKOLAK, BRANDI  
1621 N. TAMIAMI TRAIL#1  
N. FORT MYERS, FL 33903 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: BRANDI J. MIKOLAK

09/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PVPS  
Name: MIKOLAK, BRANDI  
Address: 1508 COLUMBUS AVE  
City-St-Zip: LEHIGH ACRES, FL 33972Title: SECR  
Name: MARTEL, DIANE M  
Address: 4505 NORTSHORE DR  
City-St-Zip: PORT CHARLOTTE, FL 33980 USTitle: OFF  
Name: BURKEHART, ALEX  
Address: 4101 18TH ST SW  
City-St-Zip: LEHIGH ACRES, FL 33976 USTitle: OFF  
Name: LOWE, KERRI  
Address: 75 BATCHELDOR ST  
City-St-Zip: LACONIA, NH 03276 US

I hereby 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 all other like empowered.

SIGNATURE: BRANDI J. MIKOLAK

PVPS

09/25/2012

Electronic Signature of Signing Officer or Director

Date