2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000010761

Entity Name: VOICE 4 HOPE, INC.

Current Principal Place of Business:

5832 GYPSUM PLACE
WEST PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

5832 GYPSUM PLACE
WEST PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 26-3706740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOREL, SABINE
5832 GYPSUM PLACE
WEST PALM BEACH, FL 33413 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: MOREL, SABINE
Address: 5832 GYPSUM PLACE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: T ( ) Delete
Name: PIERRE, PICARD
Address: 16234 COMPTOM PALMS DRIVE
City-St-Zip: TAMPA, FL 33647

Title: S ( ) Delete
Name: PIERRE, RITZA
Address: 16234 COMPTOM PALMS DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: LAMARRE, JEAN C
Address: 5832 GYPSUM PLACE
City-St-Zip: WEST PALM BEACH, FL 33413

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:

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: SABINE MOREL P 04/30/2009

Electronic Signature of Signing Officer or Director — Date