

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011194

FILED  
May 22, 2009  
Secretary of State

**Entity Name:** RISE WITH HOPE ENTERPRISE, INC.

**Current Principal Place of Business:**

240 TODD STREET SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

240 TODD STREET SE  
PALM BAY, FL 32909

**New Mailing Address:**

**FEI Number:** 94-3459881      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

NECKLES, DELIA M  
240 TODD STREET SE  
PALM BAY, FL 32909      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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: DT ( ) Change (X) Addition  
Name: AYERS, THERESA  
Address: 200 RICHARDS ROAD  
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: DPS ( ) Change (X) Addition  
Name: NECKLES, DELIA M  
Address: 240 TODD STREET SE  
City-St-Zip: PALM BAY, FL 32909 US

Title: DAT ( ) Change (X) Addition  
Name: HATCHER, CLINTON L  
Address: 2440 SUMMER BROOK STREET  
City-St-Zip: MELBOURNE, FL 32940 US

Title: D ( ) Change (X) Addition  
Name: NECKLES, WILLIAM T  
Address: 240 TODD STREET SE  
City-St-Zip: PALM BAY, FL 32909 US

Title: D ( ) Change (X) Addition  
Name: COOK, DEBRA S  
Address: 7675 GREENBORO DRIVE  
City-St-Zip: MELBOURNE, FL 32904 US

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: DELIA M. NECKLES

DPS

05/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date