## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000011285

Entity Name: PLANTING NEW HOPE, INC.

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business:	<b>New Principal Place of Business:</b>
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427 W COLLEGE AVE APT 1 TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

PO BOX 284 TALLAHASSEE, FL 32302

FEI Number: 26-3683337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BOWDEN, AMANDA
427 W COLLEGE AVE APT 1
TALLAHASSEE, FL 32301 US
BOWDEN, AMANDA
863 WILMON COURT
TALLAHASSEE, FL 32308 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: AMANDA BOWDEN 03/17/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 BOWDEN, AMANDA
 Name:
 BOWDEN, AMANDA

 Address:
 427 W COLLEGE AVE APT 1
 Address:
 863 WILMON COURT

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 YANCEY, CAITLIN
 Name:

 Address:
 427 W COLLEGE AVE APT 1
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FARMER, LEILA
 Name:

 Address:
 427 W COLLEGE AVE APT 1
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301
 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: AMANDA BOWDEN PRES 03/17/2009