

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002573

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE HOPE CENTER OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1008 TERRY DRIVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1008 TERRY DRIVE
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

1008 TERRY DRIVE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1008 TERRY DRIVE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 26-2179049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLAY, W G
1008 TERRY DRIVE
ALTAMONTE SPRINGS, FL 32714 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: PTD () Delete
Name: CLAY, W G
Address: 1008 TERRY DR
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VPSD () Delete
Name: PACHECO, THAIS N
Address: PO BOX 915193
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: BARKER, F DOUGLAS PASTOR
Address: PO BOX 783257
City-St-Zip: WICHITA, KS 67278

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CLAY, W G
Address: 1008 TERRY DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VPSD (X) Change () Addition
Name: PACHECO, THAIS N
Address: PO BOX 915193
City-St-Zip: LONGWOOD, FL 32791 US

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: THAIS N. PACHECO

VPSD

04/29/2009

Electronic Signature of Signing Officer or Director

Date