

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005673

FILED
Aug 06, 2012
Secretary of State

Entity Name: ASSURANCE OF HOPE INSTITUTE INC.

Current Principal Place of Business:

1971 FRENCH STREET
C
FORT MYERS, FL 33916 US

New Principal Place of Business:

5975 W SUNRISE BLVD.
208
SUNRISE, FL 33313 US

Current Mailing Address:

5100 S. CLEVELAND AVE.
SUITE 318 PMB#218
FORT MYERS, FL 33907 US

New Mailing Address:

5975 W SUNRISE BLVD.
208
SUNRISE, FL 33313 US

FEI Number: 27-0323112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWABY, SHARON
2701 7TH STREET SW
LEGHIGH ACRES,, FL 33976 US

Name and Address of New Registered Agent:

SWABY, SHARON
5975 W SUNRISE BLVD
208
SUNRISE,, FL 33313 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: ROSE BROWN

08/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SWABY, SHARON
Address: 5975 W SUNRISE BLVD.
City-St-Zip: SUNRISE, FL 33313 US

Title: VP
Name: NORMA, WATKINS
Address: 49 BROADWAY CIRCLE
City-St-Zip: FORT MYERS, FL 33901 US

Title: T
Name: BROWN, COURTNEY
Address: 9301 NW 19TH. PLACE
City-St-Zip: SUNRISE, FL SUNRISE FL

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: SHARON SWABY

PRES

08/06/2012

Electronic Signature of Signing Officer or Director

Date