

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006037

FILED  
Apr 19, 2012  
Secretary of State

**Entity Name:** SPRINGS OF HOPE KENYA, INC.

**Current Principal Place of Business:**

2504 SOUTHPOINTE DR  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

2504 SOUTHPOINTE DR  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 26-3955826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEUER, MICHAEL E CPA  
600 BYPASS DR STE 100  
CLEARWATER, FL 33764 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: D  
Name: BAIL, MOLLY  
Address: 2504 SOUTHPOINTE DR  
City-St-Zip: DUNEDIN, FL 34698

Title: D  
Name: BAIL, JOSEPH  
Address: 2504 SOUTHPOINTE DR  
City-St-Zip: DUNEDIN, FL 34698

Title: D  
Name: RICHARDSON, DANA  
Address: 1931 JEFFORDS ST  
City-St-Zip: CLEARWATER, FL 34698

Title: D  
Name: GAINES-SCHAAF, CHERYL  
Address: 2782 COUNTRYSIDE BLVD UNIT 3  
City-St-Zip: CLEARWATER, FL 33761

Title: D  
Name: RYCZEK, KYLE  
Address: 10541 RABBIT DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: MOLLY BAIL

D

04/19/2012

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

\_\_\_\_\_  
Date