

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002687

FILED
Aug 16, 2012
Secretary of State

Entity Name: HOPE HIPPO LEARNING LAB, INC.

Current Principal Place of Business:

6333 43RD AVENUE NORTH
KENNETH CITY, FL 33709

New Principal Place of Business:

145 24TH AVE SE
ST. PETERSBURG, FL 33705

Current Mailing Address:

6333 43RD AVENUE NORTH
KENNETH CITY, FL 33709

New Mailing Address:

145 24TH AVE SE
ST. PETERSBURG, FL 33705

FEI Number: 27-2139369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARIUS, SARAH B PD
6333 43RD AVENUE NORTH
KENNETH CITY, FL 33709 US

Name and Address of New Registered Agent:

BOWEN, SARAH F PD
145 24TH AVE SE
ST. PETERSBURG, FL 33705 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: SARAH BOWEN

08/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BOWEN, SARAH F PD
Address: 145 24TH AVE SE
City-St-Zip: ST. PETERSBURG, FL 33705 US

Title: VPD
Name: DEAN, EDWARD W VP
Address: 643 NORTHEAST 15TH ST
City-St-Zip: GAINESVILLE, FL 32641 US

Title: STD
Name: DELLAFAVE, CONNIE H S
Address: 1117 WILDWOOD DRIVE
City-St-Zip: DEER PARK, TX 77536 US

Title: MEM
Name: FRISON, CHRIS R MB
Address: 10937 KEY CORAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

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: SARAH BOWEN

PD

08/16/2012

Electronic Signature of Signing Officer or Director

Date