

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003741

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** COOKIE JAR OF HOPE FOUNDATION, INC.

**Current Principal Place of Business:**

1969 S ALAFAYA TRAIL  
112  
ORLANDO, FL 32828

**New Principal Place of Business:**

15198 SUGARGROVE WAY  
ORLANDO, FL 32828

**Current Mailing Address:**

1969 S ALAFAYA TRAIL  
112  
ORLANDO, FL 32828

**New Mailing Address:**

15198 SUGARGROVE WAY  
ORLANDO, FL 32828

**FEI Number:** 26-4340006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRENCH, JOHN M  
15198 SUGARGROVE WAY  
ORLANDO, FL 32828 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: PD  
Name: FRENCH, JOHN M  
Address: 15198 SUGARGROVE WAY  
City-St-Zip: ORLANDO, FL 32828

Title: VD  
Name: CHOKSHI, DIGESH  
Address: 1002 S DILLARD STREET  
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD  
Name: FRENCH, GUENET  
Address: 15198 SUGARGROVE WAY  
City-St-Zip: ORLANDO, FL 32828

Title: TD  
Name: KNOWLES, ANDREW  
Address: 15207 SUGARGROVE WAY  
City-St-Zip: ORLANDO, FL 32828

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: JOHN M. FRENCH

PRES

04/30/2012

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

\_\_\_\_\_  
Date