2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: COMMUNITY MISSION FOR HOPE, INC.

Current Principal Place of Business:

545 DESOTO BLVD. SOUTH
NAPLES, FL 34117

New Principal Place of Business:

Current Mailing Address:

545 DESOTO BLVD. SOUTH
NAPLES, FL 34117

New Mailing Address:

FEI Number: 30-0635678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, DR. RAYMOND
545 DESOTO BLVD. SOUTH
NAPLES, FL 34117 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: CPD
Name: PIERRE, DR. RAYMOND
Address: 545 DESOTO BLVD. SOUTH
City-St-Zip: NAPLES, FL 34117

Title: D
Name: LECLAIR, DANA
Address: 545 DESOTO BLVD. SOUTH
City-St-Zip: NAPLES, FL 34117

Title: D
Name: ROSELORE, MARIE
Address: 545 DESOTO BLVD. SOUTH
City-St-Zip: NAPLES, FL 34117

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: DR RAYMOND PIERRE CPD 07/07/2011

Electronic Signature of Signing Officer or Director — Date