

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 29, 2011
Secretary of State

Entity Name: HOPES & DREAMS NETWORK, INC.

Current Principal Place of Business:

3533 NORTH OSPREY AVENUE
SARASOTA, FL 34234

New Principal Place of Business:

3533 NORTH OSPREY AVENUE
SARASOTA, FL 34234 US

Current Mailing Address:

POST OFFICE BOX 3373
SARASOTA, FL 34230

New Mailing Address:

POST OFFICE BOX 3373
SARASOTA, FL 34230 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEGGS, VIVIAN C
3533 NORTH OSPREY AVENUE
SARASOTA, FL 34234 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: MS.
Name: HEGGS, VIVIAN
Address: P. O. BOX 3373
City-St-Zip: SARASOTA, FL 34230 US

Title: MR.
Name: ANDREWS, LEMUEL
Address: P. O. BOX 3373
City-St-Zip: SARASOTA, FL 34230 US

Title: MS.
Name: REGNIER, ANGELA
Address: P. O. BOX 3373
City-St-Zip: SARASOTA, FL 34230 US

Title: MS.
Name: WILDS, MARY
Address: P. O. BOX 3373
City-St-Zip: SARASOTA, FL 34230 US

Title: MS.
Name: MOULTRIE, PEGGY
Address: P. O. BOX 3373
City-St-Zip: SARASOTA, FL 34230 US

Title: MS.
Name: HEGGS, MELANIE
Address: P. O. BOX 3373
City-St-Zip: SARASOTA, FL 34230 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: VIVIAN HEGGS

MS.

04/29/2011

Electronic Signature of Signing Officer or Director

Date