

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011567

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** MY CANDLES OF HOPE FOUNDATION, INC

**Current Principal Place of Business:**

7650 NW 61ST AVE  
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

7650 NW 61ST AVE  
PARKLAND, FL 33067

**New Mailing Address:**

**FEI Number:** 27-4520397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUCKLEBERRY, JENNIFER  
7650 NW 61ST AVE  
PARKLAND, FL 33067 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:** PCFO  
**Name:** HUCKLEBERRY, JENNIFER  
**Address:** 7650 NW 61ST AVE  
**City-St-Zip:** PARKLAND, FL 33067

**Title:** VP  
**Name:** RIZZUTO, ELIZABETH  
**Address:** 7824 CATALINA  
**City-St-Zip:** TAMARAC, FL 33321

**Title:** T  
**Name:** HUCKLEBERRY, MICHAEL  
**Address:** 7650 NW 61ST AVE  
**City-St-Zip:** PARKLAND, FL 33067

**Title:** S  
**Name:** MONTALVO, MICHELLE  
**Address:** 5870 CHESTER LANE  
**City-St-Zip:** DAVIE, FL 33331

**Title:** AS  
**Name:** HOY, DEBRA  
**Address:** 2800 NW 105LN  
**City-St-Zip:** SUNRISE, FL 33322

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:** JENNIFER HUCKLEBERRY

PCFO

03/13/2012

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

\_\_\_\_\_  
Date