

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011682

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** HOPE & HEALTH PROJECT, INC.

**Current Principal Place of Business:**

17028 WINNERS CIRCLE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

17028 WINNERS CIRCLE  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LUGO, MALINDA R  
101 E KENNEDY BLVD SUITE 2800  
TAMPA, FL 33602 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: D  
Name: COLON, JOSE  
Address: 17028 WINNERS CIRCLE  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: GONZALEZ, EDUARDO  
Address: 1278 LAKE DEESON POINT  
City-St-Zip: LAKELAND, FL 33805

Title: D  
Name: LUGO, ROBERT A  
Address: 16611 WINDSOR PARK DR  
City-St-Zip: LUTZ, FL 33549

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: ROBERT A. LUGO

D

04/19/2011

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

\_\_\_\_\_  
Date