

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001907

FILED  
Jan 05, 2012  
Secretary of State

Entity Name: HIGH RISK HOPE, INC.

**Current Principal Place of Business:**

5432 LYKES LN  
TAMPA, FL 33611 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18431  
TAMPA, FL 33679

**New Mailing Address:**

FEI Number: 27-5129716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BARROW, HEATHER W  
5432 LYKES LN  
TAMPA, FL 33611 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: P  
Name: BARROW, HEATHER W  
Address: 5432 LYKES LANE  
City-St-Zip: TAMPA, FL 33611

Title: VP  
Name: BRAY, SUSANNA  
Address: 67 CAPE ANDOVER  
City-St-Zip: NEWPORT BEACH, CA 92660

Title: S  
Name: BENNETT, AMBER W  
Address: 20364 MURPHY ROAD  
City-St-Zip: BEND, OR 97702

Title: VP  
Name: CARRERE, ELIZABETH  
Address: 2512 W SUNSET DR  
City-St-Zip: TAMPA, FL 33629

Title: T  
Name: MUELLER, MEREDITH A  
Address: 3203 W LAWN AVE  
City-St-Zip: TAMPA, FL 33611

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: HEATHER BARROW

P

01/05/2012

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

\_\_\_\_\_  
Date