2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

DOCUMENT# N11000004542

Entity Name: A VISION OF HOPE RECOVERY PROGRAM, INC.

Current Principal Place of Business:

1130 RIVER DRIVE NE
PALM BAY, FL 32905

New Principal Place of Business:

1130 RIVER DRIVE NE
HAIRPOO@AOL.COM
PALM BAY, FL 32905 UN

Current Mailing Address:

1130 RIVER DRIVE NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 08-0765892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRELLA, THOMAS W SR.
1130 RIVER DRIVE NE
PALM BAY, FL 32905 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: O/D
Name: CARRELLA, THOMAS W SR.
Address: 1130 RIVER DRIVE NE
City-St-Zip: PAML BAY, FL 32905

Title: D
Name: KUCZINSKI, BRUCE
Address: PO BOX 411595
City-St-Zip: MELBOURNE, FL 32941

Title: O/D
Name: HANSEN, JOANNE
Address: 620 IXORA DR
City-St-Zip: MELBOURNE, FL 32935

Title: D
Name: BATTLE, LORENZO
Address: 3456 OCEAN BEACH BLVD #304
City-St-Zip: COCOA BEACH, FL 32931

Title: D
Name: SCHMITT, JOHN C
Address: 2299 OKLAHOMA AVE SW
City-St-Zip: PALM BAY, FL 32908

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: JOANNE HANSEN O/D 04/25/2012
Electronic Signature of Signing Officer or Director Date