

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008715

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** GARDEN OF HOPE OF PALM BEACH COUNTY, INC.

**Current Principal Place of Business:**

7309 BANYAN BLVD.  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

7309 BANYAN BLVD.  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

**FEI Number:** 45-3233900

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWFIELD, TRACY  
7309 BANYAN BLVD  
LOXAHATCHEE, FL 33470 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:** NEWFIELD, TRACY  
**Address:** 7309 BANYAN BLVD  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** VP  
**Name:** DEMAREST, DIANA  
**Address:** 18849 W. SYCAMORE DRIVE  
**City-St-Zip:** LOXAHATCHEE, FL 33470

**Title:** TREA  
**Name:** NEWFIELD, TODD  
**Address:** 7309 BANYAN BLVD  
**City-St-Zip:** LOXAHATCHEE, FL, US 33470

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:** DIANA DEMAREST

VP

04/23/2012

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

\_\_\_\_\_  
Date