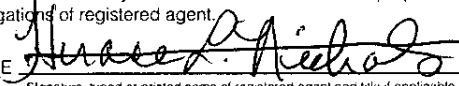
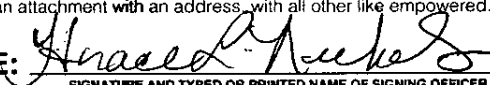


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90114 005 ****61.25

DOCUMENT # N23648 1. Entity Name HOME HEALTH, AND HOPE, INC.					
Principal Place of Business 3391 NE SILVER SPRING RD. G 2 OCALA FL 34470 US			Mailing Address PO BOX 565 SILVER SPRINGS FL 34489 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2911265	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NICHOLS, HORACE 101 WATER TRACK OCALA FL 34472				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.				DATE 8-30-04 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P		TITLE	☐ Change ☐ Addition	
NAME	NICHOLS, HORACE		NAME		
STREET ADDRESS	101 WATER TRACK		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472		CITY-ST-ZIP		
TITLE	V		TITLE	☐ Change ☐ Addition	
NAME	PHILLIPS, PEARL		NAME		
STREET ADDRESS	990 SE 58TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP		
TITLE	TS		TITLE	☐ Change ☐ Addition	
NAME	WESLEY, ROSE		NAME		
STREET ADDRESS	9 CEDAR TREE PASS		STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34472		CITY-ST-ZIP		
TITLE	D		TITLE	☐ Change ☐ Addition	
NAME	ANDERSON, ELECTRA		NAME		
STREET ADDRESS	P.O. BOX 222 N/A		STREET ADDRESS		
CITY-ST-ZIP	WEIRSDALE FL 32195		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 9-2-04 Daytime Phone #	

54071796



MOORE CR2E037 (4/04)

Applied For
Not Applicable

FL Zip Code

Make Check Payable to
Florida Department of State

☐ Change ☐ Addition

Daytime Phone #