2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N23648

Entity Name: HOME HEALTH, AND HOPE, INC.

Current Principal Place of Business:

1469 N MAGNOLIA AVENUE
C
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 565
SILVER SPRINGS, FL 34489 US

New Mailing Address:

FEI Number: 59-2911265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NICHOLS, HORACE
101 WATER TRACK
OCALA, FL 34472 US

Name and Address of New Registered Agent:

PHILLIPS, PEARL
9 CEDAR TREE PASS
OCALA, FL 34472 US

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: PEARL PHILLIPS 04/30/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NICHOLS, HORACE
Address: 101 WATER TRACK
City-St-Zip: OCALA, FL 34472

Title: V (X) Delete
Name: PHILLIPS, PEARL
Address: 990 SE 58TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete
Name: WESLEY, ROSE
Address: 9 CEDAR TREE PASS
City-St-Zip: 0CALA, FL 34472

Title: D ( ) Delete
Name: ANDERSON, ELECTRA
Address: P.O. BOX 222 N/A
City-St-Zip: WEIRSDALE, FL 32195

Title: D (X) Delete
Name: WATTS, GREGORY
Address: 101 WATER TRAK
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PHILLIPS, PEARL
Address: 9 CEDAR TREE PASS
City-St-Zip: OCALA, FL 34472

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: WESLEY, ROSE
Address: 232 N.W. 8TH PLACE
City-St-Zip: 0CALA, FL 34475

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PEARL PHILLIPS P 04/30/2007
Electronic Signature of Signing Officer or Director Date