2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2010
Secretary of State

DOCUMENT# N38410

Entity Name: HOPE PREGNANCY CENTERS, INC.

Current Principal Place of Business:

943 SW 71 AVENUE
NORTH LAUDERDALE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 290061
DAVIE, FL 333290061

New Mailing Address:

FEI Number: 65-0213258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGES, PERRY W JR
1401 E. BROWARD BLVD.
FORT LAUDERDALE, FL 33301 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: D
Name: LEWIS, KAY
Address: 475 NE 50 TERR
City-St-Zip: MIAMI, FL 33137 US

Title: D
Name: BLANTON, BERNITA
Address: 1711 N. 45 AVE.
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: D
Name: BROOKINS, BRIAN
Address: 2460 NW 108 DR
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D
Name: COTTONE, CHRIS
Address: 1842 SW 132 WAY
City-St-Zip: DAVIE, FL 33325 US

Title: D
Name: TRUEX, JANET
Address: 4740 SW 72 AVE.
City-St-Zip: DAVIE, FL 33314

Title: D
Name: PITCAIRN, NAT
Address: 5781 SW 8 CT.
City-St-Zip: PLANTATION, FL 33317 US

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: NAT PITCAIRN D 02/15/2010

Electronic Signature of Signing Officer or Director Date