2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N41047

Entity Name: HEART OF FLORIDA HOPE FOUNDATION, INC.

Current Principal Place of Business:

2800 SE MARICAMP RD.
OCALA, FL 344715538

New Principal Place of Business:

Current Mailing Address:

2800 SE MARICAMP RD.
OCALA, FL 344715538

New Mailing Address:

FEI Number: 59-3246094 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAMPBELL, ALLISON
2800 SE MARICAMP RD
OCALA, FL 34471 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 ( ) Delete
Name: DEIORIO, LAUREN
Address: 2025 SE 73RD LOOP
City-St-Zip: OCALA, FL 34480

Title: VP ( ) Delete
Name: THOMPSON, TARN
Address: 7431 SW 14 ST
City-St-Zip: OCALA, FL 34482

Title: S ( ) Delete
Name: ASKREN, LEIGH ANNE
Address: 1743 NORTHEAST 12 STREET
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: BENCSIK, BILL
Address: 2322 NE 29TH AVE
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete
Name: HILL, JOHNNY
Address: 2100 NE 30TH AVENUE
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete
Name: CANDULLO, SAMMIE
Address: 16 NORTHERN DANCER DRIVE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LAUREN DEIORIO P 01/14/2009

Electronic Signature of Signing Officer or Director — Date