

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48649

FILED
Jan 22, 2009
Secretary of State

Entity Name: THE HOPE CENTER FOUNDATION, INC.

Current Principal Place of Business:

666 SW 4TH STREET
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

666 SW 4TH STREET
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-0331601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHELAN, AILEEN
666 SW 4TH STREET
MIAMI, FL 33130 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 () Delete
Name: SMITH, DAVID
Address: 5900 SW 73RD STREET # 300
City-St-Zip: MIAMI, FL 33143

Title: P () Delete
Name: BLANK, TONY
Address: 9350 S DIXIE HIGHWAY 900
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: GOTTLIEB, KAREN
Address: PO BOX 1388
City-St-Zip: COCONUT GROVE, FL 33233

Title: T () Delete
Name: CAMPBELL, CLAY
Address: 9400 S DADELAND BLVD # 111
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: FRANCIS, MARY JO
Address: 550 NE 53 ST
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: FRANQUE, ANNETTE
Address: 1221 BRICKELL BAY DR., STE 1170
City-St-Zip: MIAMI, FL 33131

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: AILEEN PHELAN

CEO

01/22/2009

Electronic Signature of Signing Officer or Director

Date