## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N94000001784

Entity Name: CHILD HOPE, INC.

Title:

Name:

Address:

City-St-Zip:

FILED Oct 16, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7700 W 20 AVE SUITE A HIALEAH, FL 330161859 US **New Mailing Address: Current Mailing Address:** 7700 W 20 AVE. 7700 W 20 AVE SUITE A STE. A HIALEAH, FL 330161859 HIALEAH, FL 330161859 US FEI Number: 65-0486169 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OSMAN, L M 1474-A WEST 84TH ST. HIALEAH, FL 330143363 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: L. MICHAEL OSMAN Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete DELOACH, DAN BROOKER, ROBERT Name: Name: 1101 SWAN AVENUE Address: 7440 NW 6TH STREET Address: PLANTATION, FL 33317 City-St-Zip: MIAMI SPRINGS, FL 33166 City-St-Zip: Title: Title: ( ) Delete () Change () Addition CAMPBELL, THOMAS Name: Name: Address: 17801 NW 22ND AVE Address: City-St-Zip: OPA LOCKA, FL 33056 City-St-Zip: Title: () Delete Title: P/VP (X) Change ( ) Addition SCHULZ, JOHNNY HOOD, JOHN Name: Name: Address: 2921 N 66 AVE Address: 3700 SW 30TH AVENUE City-St-Zip: HOLLYWOOD, FL City-St-Zip: FORT LAUDERDALE, FL 33312 Title: () Delete Title: D ( ) Change (X) Addition Name: Name: GATTON, CHARLES 3610 SW 63RD LANE Address: Address: City-St-Zip: City-St-Zip: GAINESVILLE, FL 32608 Title: () Delete Title: ( ) Change (X) Addition SMITH, JACK Name: Name: 12950 ST APT D-108 Address: Address: PEMBROKE PINES, FL 33027 City-St-Zip: 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT BROOKER P/D 10/16/2008

() Delete

( ) Change (X) Addition

HURSEY, MICHAEL

725 NORTH BEL AIR DRIVE PLANTATION, FL 33317