2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2009
Secretary of State

DOCUMENT# N94000001784

Entity Name: CHILD HOPE, INC.

Current Principal Place of Business:

7700 W 20 AVE
SUITE A
HIALEAH, FL 330161859 US

New Principal Place of Business:

Current Mailing Address:

7700 W 20 AVE
SUITE A
HIALEAH, FL 330161859 US

New Mailing Address:

FEI Number: 65-0486169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSMAN, L M
1474-A WEST 84TH ST.
HIALEAH, FL 330143363 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/D	( ) Delete
Name:	BROOKER, ROBERT	
Address:	7440 NW 6TH STREET	
City-St-Zip:	PLANTATION, FL 33317	
Title:	D	( ) Delete
Name:	CAMPBELL, THOMAS	
Address:	17801 NW 22ND AVE	
City-St-Zip:	OPA LOCKA, FL 33056	
Title:	P/VP	( ) Delete
Name:	HOOD, JOHN	
Address:	3700 SW 30TH AVENUE	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	D	( ) Delete
Name:	GATTON, CHARLES	
Address:	3610 SW 63RD LANE	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	D	( ) Delete
Name:	SMITH, JACK	
Address:	12950 ST APT D-108	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	D	( ) Delete
Name:	HURSEY, MICHAEL	
Address:	725 NORTH BEL AIR DRIVE	
City-St-Zip:	PLANTATION, FL 33317	

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: JACK D SMITH D 02/07/2009

Electronic Signature of Signing Officer or Director — Date