

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002593

FILED
Apr 26, 2012
Secretary of State

Entity Name: HOPE OUTREACH CENTER, INC.

Current Principal Place of Business:

4700 SW 64 AVE
SUITE A
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4700 SW 64 AVE
SUITE A
DAVIE, FL 33314 US

New Mailing Address:

FEI Number: 65-0590679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHINNERS, HELEN ED
611 NW 97 TERR
PEMBROKE PINES, FL 33024 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: PRES
Name: BLANTON, KATHY
Address: 6110 SW 186 WAY
City-St-Zip: SW RANCHES, FL 33332 US

Title: DIR
Name: AZOR, BETH
Address: 4611 S. UNIVERSITY DR #110
City-St-Zip: DAVIE, FL 33328 US

Title: DIR
Name: DUTKO, MIKE
Address: 600 S ANDREWS AVE SUITE 500
City-St-Zip: FT LAUDERDALE, FL 33301 US

Title: VP
Name: NARDOZZA, FRANK
Address: 401 E LAS OLAS BLVD STE 1400
City-St-Zip: FT LAUDERDALE, FL 33301 US

Title: DIR
Name: MARINO, VINCENT
Address: 4687 S. UNIVERSITY DR.
City-St-Zip: FT LAUDERDALE, FL 33328 US

Title: SECR
Name: HARRINGTON, ALICE
Address: 8309 SW 26TH ST.
City-St-Zip: DAVIE, FL 33314 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: HELEN SHINNERS

ED

04/26/2012

Electronic Signature of Signing Officer or Director

Date