

# 2008-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N96000003248

DOCUMENT # N96000003248

1. Entity Name  
BLESSED HOPE ACADEMY, INC.



Principal Place of Business  
1541 AMHERST LANE  
KISSIMMEE, FL 34744

Mailing Address  
P.O. BOX 450025  
KISSIMMEE, FL 34745-0025

**FILED**  
08 SEP 09 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3413622	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

RIVERA-PEREZ, NANCY  
1541 AMHERST LANE  
KISSIMMEE, FL 34744

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA-PEREZ, NANCY 1541 AMHERST LANE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOB SANCHEZ, EDWIN 280 LA PAZ DRIVE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOB ALICEA, CARMEN M 280 LA PAZ DRIVE KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JOSE A 1541 AMHERST LANE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOB ALAN, PEREZ E 1541 AMHERST LANE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Nancy Rivera-Perez Nancy Rivera-Perez Sept. 5, 2008 (407) 870-1870  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #