2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N97000000446

Entity Name: C & P, H.O.P.E., FOUNDATION, INC.

Current Principal Place of Business:

4453 DUNWOODY PLACE
ORLANDO, FL 32808 US

New Principal Place of Business:

4453 BEAGLE STREET
ORLANDO, FL 32818 US

Current Mailing Address:

4453 BEAGLE STREET
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 31-1521617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, HELEN C
554 S.E. 3RD STREET
BELLE GLADE, FL 33430 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:	PD	( ) Delete
Name:	CRITTENDEN, CELIA	
Address:	4420 DUNWOODY PLACE	
City-St-Zip:	ORLANDO, FL 32808	
Title:	SD	( ) Delete
Name:	PIERCE, HELEN C	
Address:	554 S.E. 3RD STREET	
City-St-Zip:	BELLE GLADE, FL 33430	
Title:	TD	( ) Delete
Name:	WRIGHT, MARY C	
Address:	800 PALM BLVD.	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	VD	( ) Delete
Name:	BAKER, RONALIA B	
Address:	2624 RENEGADE DRIVE, STE. 105	
City-St-Zip:	ORLANDO, FL 32818	

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:	

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: CELIA CRITTENDEN PD 04/30/2007

Electronic Signature of Signing Officer or Director — Date