

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000446

FILED  
May 04, 2009  
Secretary of State

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

## Current Principal Place of Business:

4453 BEAGLE STREET  
ORLANDO, FL 32818 US

## New Principal Place of Business:

## 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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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: 4453 BEAGLE STREET  
City-St-Zip: ORLANDO, FL 32818

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

Title: D ( ) Delete  
Name: JOHNSON, ZOREAYNE P  
Address: 592 SW 4TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

## 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: VD (X) Change ( ) Addition  
Name: KYLES, MILTA  
Address: 592 SW 4TH STREET  
City-St-Zip: BELLE GLADE, FL 33430

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: MILTA KYLES

VD

05/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date