

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003483

FILED
Mar 09, 2009
Secretary of State

Entity Name: HOME OWNERSHIP AND PERSONAL ENRICHMENT (H.O.P.E.) INC.

Current Principal Place of Business:

2261 NW 58 ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2261 NW 58 ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0761739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, WILLIE J
2261 NW 58 ST
MIAMI, FL 33142 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: JONES, WILLIE J
Address: 2261 NW 58 ST
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: FRANCOIS, BRENDA S
Address: 2270 NW 58TH STREET
City-St-Zip: MIAMI, FL 33142

Title: VTD () Delete
Name: JONES, HELEN W
Address: 2261 NW 58 TH STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: FINNIE, ROGERS L
Address: 4699 NW 27TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: MARTINEZ, AUDREY
Address: 6501 SW 58TH AVE.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: BERRY, SHIRLEY
Address: 2210 NW 155 STREET
City-St-Zip: OPA LOCKA, FL 33054

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: WILLIE JONES

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date