

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005277	
1. Entity Name LAST HOPE COMMUNITY COUNSELING SERVICE, INC.	

Principal Place of Business 1563 FIDDLEWOOD CT ROYAL PALM BEACH, FL 33411	Mailing Address P.O. BOX 211972 ROYAL PALM BEACH, FL 33421
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02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0748427	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KING, DEIDRA 1563 FIDDLEWOOD CT ROYAL PALM BEACH, FL 33411

**DO NOT WRITE
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 renewing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

U00000475303
04/05/06-80010-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, DEIDRA 1563 FIDDLEWOOD CT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORE, MARILYN 12504 ROYAL PALM BEND WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BULLARD, LIZZIE 3960 NW 120TH WY SUNRISE, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, SAMUEL 1890 NW 38TH AVENUE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JENNIFER 5707 45TH STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERCE, ELAINE SANDCASTLE RD BOYNTON BEACH, FL 33445

**DO NOT WRITE
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 (561) 602-408
Date Daytime Phone #