2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N98000001009

Entity Name: HOPE - HI REHAB & ELDERLY FACILITY, INC.

Current Principal Place of Business:

12450 BISCAYNE BLVD APT 1609
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

12450 BISCAYNE BLVD APT 1609
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 62-1730128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLT, EDWARD L
7901 BAYMEADOWS CIRE E
360
JACKSONVILLE, FL 32256 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: D ( ) Delete
Name: HOLT, EDWARD L
Address: 12450 BISCAYNE BLVD APT 1609
City-St-Zip: JACKSONVILLE, FL 32218

Title: ADS ( ) Delete
Name: HOLT, CLEMERTINE H
Address: 12450 BISCAYNE BLVD APT #1609
City-St-Zip: JACKSONVILLE, FL 32218

Title: COB ( ) Delete
Name: CLINTON, TARYN C
Address: 12450 BISCAYNE BLVD APT #1609
City-St-Zip: JACKSONVILLE, FL 32218

Title: SA ( ) Delete
Name: HOLT, TED M
Address: 12450 BISCAYNE BLVD APT 1609
City-St-Zip: JACKSONVILLE, FL 32218

Title: VCOB ( ) Delete
Name: HOLT, CHRISTOPHER A
Address: 627 JAMES TOWN BLVD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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:

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: EDWARD L. HOLT DIR 04/17/2009

Electronic Signature of Signing Officer or Director — Date