

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002316

FILED
Jun 07, 2004
Secretary of State**Entity Name:** HOPE FOR LIFE, INC.**Current Principal Place of Business:**103 WEST NEBRASKA STREET
BONIFAY, FL 32425**New Principal Place of Business:**4440 PUTNAM STREET
MARIANNA, FL 32446**Current Mailing Address:**103 WEST NEBRASKA STREET
BONIFAY, FL 32425**New Mailing Address:**4440 PUTNAM STREET
MARIANNA, FL 32446**FEI Number:** 59-3580776**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WYNNE, CATHERINE D
103 WEST NEBRASKA STREET
BONIFAY, FL 32425 US**Name and Address of New Registered Agent:**WYNNE, CATHERINE D
1587 REDDICK MILL ROAD
BONIFAY, FL 32425 US

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: _____

06/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WYNNE, CATHERINE
Address: 1587 REDDICK MILL RD
City-St-Zip: GRACEVILLE, FL 32240

Title: VPD () Delete
Name: LUPHER, JANET
Address: 801 WEEKS STREET
City-St-Zip: BONIFAY, FL 32425

Title: SD () Delete
Name: CAPPS, NICOLE
Address: 4440 PUTNAM STREET
City-St-Zip: MARIANNA, FL 32446

Title: PD () Delete
Name: HALLEY, GENE
Address: 1567 MAIN STREET
City-St-Zip: CHIPLEY, FL 32428

Title: VPD () Delete
Name: LEE, RHONDA
Address: 953 HIGHWAY 71
City-St-Zip: MARIANNA, FL 32448

Title: TD () Delete
Name: SCHAFER, EDMUND
Address: 3975 W. HWY 90
City-St-Zip: MARIANNA, FL 32448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WYNNE, CATHERINE
Address: 1587 REDDICK MILL RD
City-St-Zip: BONIFAY, FL 32445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: NICOLE CAPPS

SD

06/07/2004

Electronic Signature of Signing Officer or Director

Date