

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004285

FILED  
May 01, 2008  
Secretary of State

Entity Name: RESTORING HOPE, INC.

**Current Principal Place of Business:**

869 DERBYSHIRE ROAD  
DAYTONA BEACH, FL 321174509

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11876  
DAYTONA BEACH, FL 321201876

**New Mailing Address:**

FEI Number: 59-3589833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

JACKSON, DERRICK G  
869 DERBYSHIRE ROAD  
DAYTONA BEACH, FL 321174509 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C/D ( ) Delete  
Name: TRIPLETT, DEREK T CEO  
Address: 869 DERBYSHIRE ROAD  
City-St-Zip: DAYTONA BEACH, FL 321174509

Title: D ( ) Delete  
Name: JOHNSON, LAWANA  
Address: 1645 THIRD STREET  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: D ( ) Delete  
Name: STUBBS, SANDRA  
Address: 44 WOODBORN LANE  
City-St-Zip: PALM COAST, FL 32164

**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:

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: DEREK TRIPLETT

C/D

05/01/2008

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

\_\_\_\_\_  
Date