2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005141

BRANTLEY, RICHARD L

4137 KING RICHARD DR

SARASOTA, FL 34232

Name:

Address:

City-St-Zip:

Entity Name: HOPE HARBOR FAMILY FELLOWSHIP, INC.

FILED Feb 02, 2004 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
3271 TAMIAMI TRAIL STE. B PORT CHARLOTTE, FL 33952			1488 FORAND CIRCLE PORT CHARLOTTE, FL	1488 FORAND CIRCLE PORT CHARLOTTE, FL 33952	
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
3271 TAMIAMI TRAIL STE. B PORT CHARLOTTE, FL 33952			1488 FORAND CIRCLE PORT CHARLOTTE, FL	1488 FORAND CIRCLE PORT CHARLOTTE, FL 33952	
FEI Number	: 65-0944539	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1488 FOR	EORGE ALAN AND CIRCLE ARLOTTE, FL				
	named entity e of Florida.	submits this statement for th	e purpose of changing its registered	office or registered agent, or both,	
SIGNATU					
	Electro	nic Signature of Registered A	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RUBIN, GEOR 1488 FORAND		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	RUBIN, NANCY 1488 FORAND		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP (RAMIREZ, CAI 2103 BRUECK SARASOTA, FI	NER ROAD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	D () Delete	Title: () Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE ALAN RUBIN PD 02/02/2004