

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005871

FILED
May 19, 2008
Secretary of State

Entity Name: RESTORING HOPE MINISTRIES OF BROWARD, INC.

Current Principal Place of Business:

700 SOUTH FEDERAL HIGHWAY
DANIA BEACH, FL 33004

New Principal Place of Business:

Current Mailing Address:

700 SOUTH FEDERAL HIGHWAY
DANIA BEACH, FL 33004

New Mailing Address:

FEI Number: 65-0952205 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

DAIZOVI, JOHN
700 SOUTH FEDERAL HIGHWAY
DANIA BEACH, FL 330044380 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: P () Delete
Name: OSTERMAN, PAUL
Address: 2215 N 28 AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

Title: ST () Delete
Name: LESSARD, NATALIE
Address: 37 SW 11 STREET
City-St-Zip: DANIA BEACH, FL 33004

Title: V () Delete
Name: CINELLI, MARIO
Address: 314 SE 10 STREET, #107
City-St-Zip: DANIA BEACH, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: LESSARD, NATALIE
Address: 37 SW 11 STREET
City-St-Zip: DANIA BEACH, FL 33004

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: NATHALIE LESSARD

ST

05/19/2008

Electronic Signature of Signing Officer or Director

Date