

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007115

FILED
Apr 09, 2008
Secretary of State

Entity Name: OPERATION HOPE OF BREVARD, INC.

Current Principal Place of Business:

12285 COUNTY ROAD 512
FELLSMERE, FL 32948

New Principal Place of Business:

Current Mailing Address:

12285 COUNTY ROAD 512
FELLSMERE, FL 32948

New Mailing Address:

FEI Number: 59-3614249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZERMENO, JESSE
1621 HOLLAND ST
MELBOURNE, FL 32935 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: P () Delete
Name: ZERMENO, JESSE
Address: 1621 HOLLAND ST.
City-St-Zip: MELBOURNE, FL 32935

Title: VP () Delete
Name: ZERMENO, JANN
Address: 1621 HOLLAND ST.
City-St-Zip: MELBOURNE, FL 32935

Title: T () Delete
Name: FAIRBANKS, CONNIE
Address: 158 HECK RD
City-St-Zip: DECATUR, TN 37322

Title: D () Delete
Name: BURGER, ROBERT
Address: 345 BAY POINT DRIVE
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: MARTINEZ, HECTOR
Address: 1660 COUNTRY COVE CIRCLE
City-St-Zip: MALABAR, FL 32950

Title: D () Delete
Name: PARKISON, WILLIAM
Address: 1080 KELLY CREEK CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FAIRBANKS, JAMES
Address: 158 HECK RD
City-St-Zip: DECATUR, TN 37322

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

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

Title: D (X) Change () Addition
Name: HANCOCK, DAVID
Address: 1327 N CENTRAL AVE
City-St-Zip: SEBASTIAN, FL 32958

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: JESSE ZERMENO

P

04/09/2008

Electronic Signature of Signing Officer or Director

Date