

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000121863

FILED
Dec 19, 2007
Secretary of State

Entity Name: HOPE HAVEN GROUP HOME, INC.

Current Principal Place of Business:

4025 NE 1ST TERRACE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

4025 NE 1ST TERRACE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 30-0168941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARKINS, TAMMIE L
2912 E. WATERS AVE.
TAMPA, FL 33604 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: LEATH, COREATHA
Address: 4025 NE 1ST TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: V () Delete
Name: LARKINS, TAMMIE
Address: 2912 E. WATERS AVE.
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: WILLIAMS, CHANDRA
Address: 8745 MORRISON OAKS COURT
City-St-Zip: TAMPA, FL 33637

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMIE LARKINS

V

12/19/2007

Electronic Signature of Signing Officer or Director

Date