

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90047 039 \*\*\*150.00

**DOCUMENT # P07000021004**

1. Entity Name  
**KEYS OF HOPE CORP.**



Principal Place of Business

**420 CYPRESS DRIVE  
LAKE WORTH, FL 33461**

Mailing Address

**420 CYPRESS DRIVE  
LAKE WORTH, FL 33461**

2. Principal Place of Business - No P.O. Box #

**420 CYPRESS DRIVE  
Suite, Apt. #, etc.  
N/A**

3. Mailing Address

**P.O. Box 6168  
Suite, Apt. #, etc.  
N/A**

City & State

**LAKE WORTH, FL.  
Zip  
33461  
Country  
U.S.A.**

City & State

**LAKE WORTH, FL.  
Zip  
33461  
Country  
U.S.A.**

03182008

Chg-P

CR2E034 (12/06)

4. FEI Number

**83-0471396**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FUNDERBURK, AMIE  
420 CYPRESS DRIVE  
LAKE WORTH, FL 33461**

7. Name and Address of New Registered Agent

Name **AMIE FUNDERBURK**  
Street Address (P.O. Box Number is Not Acceptable)

**420 CYPRESS DRIVE  
City LAKE WORTH FL Zip Code 33461**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Amie Funderburk**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-8-2008**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
FUNDERBURK, AMIE  
420 CYPRESS DRIVE  
LAKE WORTH, FL 33461** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**Amie Funderburk**