

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90134 009 ***150.00

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1. Entity Name
H.O.P.E. HOMESCHOOLERS INCORPORATED



Principal Place of Business

10699 SLEEPY BROOK WAY
BOCA RATON, FL 33428

Mailing Address

10699 SLEEPY BROOK WAY
BOCA RATON, FL 33428

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008

Chg-P

CR2E034 (12/06)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCNALIS, DANIEL
1601 BELVEDERE
SUITE 500S
WEST PALM BEACH, FL 33406

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete
NAME ROBBINS, NANCY
STREET ADDRESS 3208 NW 89TH WAY
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VP ☐ Delete
NAME WELS, DARIA
STREET ADDRESS 17856 BONIELLO DRIVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE S ☐ Delete
NAME TECHNOW, SUSANNE
STREET ADDRESS 6307 LACOSTA DRIVE APT. D
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VP ☐ Delete
NAME NIELSEN, PATTI
STREET ADDRESS 264 NW 47TH PLACE
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE T ☐ Delete
NAME LARCADA, KELLY
STREET ADDRESS 127 NW 3RD COURT
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE VP ☐ Delete
NAME CORNELL, KATHY
STREET ADDRESS 10699 SLEEPY BROOK WAY
CITY-ST-ZIP BOCA RATON, FL 33428

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08

Date

561-715-4572

Daytime Phone #