

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125493

FILED  
Apr 27, 2009  
Secretary of State

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

## Current Principal Place of Business:

10699 SLEEPY BROOK WAY  
BOCA RATON, FL 33428

## New Principal Place of Business:

## Current Mailing Address:

10699 SLEEPY BROOK WAY  
BOCA RATON, FL 33428

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROBBINS, NANCY  
Address: 3208 NW 89TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: VP ( ) Delete  
Name: WELS, DARIA  
Address: 17856 BONIELLO DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: S ( ) Delete  
Name: TECHNOW, SUSANNE  
Address: 6307 LACOSTA DRIVE APT. D  
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP ( ) Delete  
Name: NIELSEN, PATTI  
Address: 264 NW 47TH PLACE  
City-St-Zip: BOCA RATON, FL 33431 US

Title: T ( ) Delete  
Name: LARCANDA, KELLY  
Address: 127 NW 3RD COURT  
City-St-Zip: BOCA RATON, FL 33432 US

Title: VP ( ) Delete  
Name: CORNELL, KATHY  
Address: 10699 SLEEPY BROOK WAY  
City-St-Zip: BOCA RATON, FL 33428 US

## 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:

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: KATHY CORNELL

VP

04/27/2009

Electronic Signature of Signing Officer or Director

Date