

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091120

Entity Name: NORTHERN HOPE CORP

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

24 FOREST CIRCLE  
ORLANDO, FL 32803

## New Principal Place of Business:

250 NORTH ORANGE AVE.  
SUITE 1250  
ORLANDO, FL 32801

## Current Mailing Address:

24 FOREST CIRCLE  
ORLANDO, FL 32803

## New Mailing Address:

250 NORTH ORANGE AVE.  
SUITE 1250  
ORLANDO, FL 32801

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

## Name and Address of Current Registered Agent:

NAYLOR, KHRISTIAN M  
24 FOREST CIRCLE  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

WILKIE, ROBIN M  
250 NORTH ORANGE AVE.  
SUITE 1250  
ORLANDO, FL 32801 US

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: ROBIN WILKIE

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: WILKIE, ROBIN M  
Address: 24 FOREST CIRCLE  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete  
Name: NAYLOR, KHRISTIAN P  
Address: 24 FOREST CIR  
City-St-Zip: ORLANDO, FL 32803

Title: VP ( ) Delete  
Name: WILKIE, TERRANCE P  
Address: 411 SOFT SHADOW LANE  
City-St-Zip: DEBARY, FL 32713

Title: S ( ) Delete  
Name: WILKIE, PATRICIA A  
Address: 411 SOFT SHADOW LANE  
City-St-Zip: DEBARY, FL 32713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: WILKIE, ROBIN M  
Address: 250 NORTH ORANGE AVE., SUITE 1250  
City-St-Zip: ORLANDO, FL 32801

Title: VP (X) Change ( ) Addition  
Name: NAYLOR, KHRISTIAN P  
Address: 250 NORTH ORANGE AVE., SUITE 1250  
City-St-Zip: ORLANDO, FL 32801

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: ROBIN WILKIE

PT

01/15/2009

Electronic Signature of Signing Officer or Director

Date