


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000106283 1. Entity Name HOPE LEARNING CENTER, INC.	
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FILED

04 NOV -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10222004 Chg-P CR2E034 (10/03)

Principal Place of Business 3935 NORTH US-1 UNIT M COCOA, FL 32926	Mailing Address 3935 NORTH US-1 UNIT M COCOA, FL 32926
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 65-0883870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MARKEY & FOWLER, P.A. 25 MCLEOD STREET MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent
Name Tinsley, Opal L.
Street Address (P.O. Box Number is Not Acceptable) 3935 North U.S.1, Unit M
City Cocoa State FL Zip Code 32926

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: *Opal L. Tinsley* Opal L. Tinsley DATE: Oct. 26, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

Amended AR is \$61.25

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	PD <input type="checkbox"/> Delete TINSLEY, OPAL L 3935 NORTH US-1 UNIT M COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dougherty, Donna S. 3935 North U.S.1, Unit M Cocoa, Fl. 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600042364146 11/01/04--01071--020 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Opal L. Tinsley* Opal L. Tinsley/President Date: 10/26/04 Daytime Phone #: (321)632-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #