

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007651

FILED
Jan 17, 2009
Secretary of State

Entity Name: HOPE HEALS CORPORATION

Current Principal Place of Business:

551 CASA BELLA DR, 301
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

125 DARWIN AVE
MERRITT ISLAND, FL 32953

Current Mailing Address:

234 ANDROS AVE
COCOA BEACH, FL 32931 US

New Mailing Address:

125 DARWIN AVE
MERRITT ISLAND, FL 32953 US

FEI Number: 77-0723245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERRIOLA, CONSTANTINO J
932 BUCKSAW PLACE
LONGWOOD, FL 32750 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NETTERSTROM, ELAINE F
Address: 234 ANDROS AVE
City-St-Zip: COCOA BEACH, FL 32931 US

Title: VP () Delete
Name: FERRIOLA, JAN MARIE
Address: 1649 CHATFIELD PLACE
City-St-Zip: ORLANDO, FL 32814 US

Title: VP (X) Delete
Name: NETTERSTROM, PAUL L
Address: 234 ANDROS AVE
City-St-Zip: COCOA BEACH, FL 32931 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERRIOLA, ELAINE F
Address: 125 DARWIN AVE
City-St-Zip: MERRITT ISLAND, FL 32953 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE FERRIOLA

P

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date