

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N06000005593

**Entity Name:** HOPE FOR TRISOMY 13 AND 18, INC.

**Current Principal Place of Business:**

53 JUNIPER TRAIL  
OCALA, FL 34480

**Current Mailing Address:**

251 UNION LN  
SPRINGTOWN, TX 76082 US

**FEI Number:** 20-5808571

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ADAMYK, JEANNETTE  
53 JUNIPER TRAIL  
OCALA, FL 34480 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            HAUBER, ALEX R  
Address        251 UNION LANE  
City-State-Zip: SPRINGTOWN TX 76082

Title            T  
Name            HAUBER, ALISHA  
Address        251 UNION LANE  
City-State-Zip: SPRINGTOWN TX 76082

Title            VP  
Name            BUDD, SUSAN  
Address        128 HORSEPEN WAY  
City-State-Zip: SIMPSONVILLE SC 29681

Title            S  
Name            ADAMYK, JEANNETTE  
Address        53 JUNIPER TRAIL  
City-State-Zip: OCALA FL 34480

Title            CP  
Name            RAULERSON, D. MATT  
Address        14850 FRIPP ISLAND COURT  
City-State-Zip: NAPLES FL 34119

Title            CP  
Name            RAULERSON, M. BESS  
Address        14850 FRIPP ISLAND COURT  
City-State-Zip: NAPLES FL 34119

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALEX HAUBER

**PRESIDENT**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date