2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732270

FILED Jan 05, 2007 Secretary of State

Entity Name: LIVING HOPE COMMUNITY CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

2111 N E 36TH AVENUE OCALA, FL 344703126 US

Current Mailing Address: New Mailing Address:

2111 N E 36TH AVENUE OCALA, FL 344703126 US

FEI Number: 59-1948985 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SIMMONS, GERALD E.

1131 SE 43RD TERRACE

OCALA, FL 34471 US

SIMMONS, GERALD E.

1131 SE 43RD TERRACE

OCALA, FL 34471 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: GERALD E. SIMMONS 01/05/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: SIMMONS, GERALD E Name: SIMMONS, GERALD E Address: 1131 SE 43RD TERRACE Address: 1131 SE 43RD TERRACE

City-St-Zip: OCALA, FL City-St-Zip: OCALA, FL 34471

Title: D () Delete Title: () Change () Addition

 Name:
 GRENON, CAROL
 Name:
 Address:
 Address:
 OCALA, FL 34470
 Address:
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BRICKEY, FRANK
 Name:
 LIBBY, BETH

 Address:
 383 SE 90TH ST
 Address:
 1015 SE 8TH STREET

 City-St-Zip:
 OCALA, FL 34480
 City-St-Zip:
 OCALA, FL 34471

Title: D () Delete Title: () Change () Addition

 Name:
 NEWKIRK, PAUL
 Name:

 Address:
 5350 N.E. 61ST AVE. RD.
 Address:

 City-St-Zip:
 SILVER SPRINGS, FL 34488
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 CLEMENTS, BOB
 Name:

 Address:
 920 N.W. 42 ND ST.
 Address:

 City-St-Zip:
 OCALA, FL 34475
 City-St-Zip:

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 STERMER, ROBERT

 Address:
 Address:
 2040 SE 33RD STREET

 City-St-Zip:
 OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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: GERALD E. SIMMONS PD 01/05/2007