2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N02000006722

Entity Name: BRIDGE OF HOPE OUTREACH INCORPORATED

Current Principal Place of Business:

1900 SIPES AVENUE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1900 SIPES AVENUE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 61-1467166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STALLWORTH, SHARON
1900 SIPES AVENUE
SANFORD, FL 32771 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:	PD	( ) Delete
Name:	STALLWORTH, SHARON	
Address:	1900 SIPES AVENUE	
City-St-Zip:	SANFORD, FL 32771	
Title:	VPD	( ) Delete
Name:	GRAMLIN, CHARLES	
Address:	2008 SIPES AVENUE	
City-St-Zip:	SANFORD, FL 32771	
Title:	VPD	( ) Delete
Name:	GRAMLIN, MAUDE	
Address:	2008 SIPES AVENUE	
City-St-Zip:	SANFORD, FL 32771	
Title:	T	( ) Delete
Name:	GRAMLIN, WANDA	
Address:	170 COUNTRY CLUB CIRCLE	
City-St-Zip:	SANFORD, FL 32771	
Title:	S	( ) Delete
Name:	ROBINSON, GAIL	
Address:	6349 HUNT ROAD	
City-St-Zip:	COCOA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	IZQUIERDO, SYLVIA	
Address:	680 BROKEFIELD LOOP	
City-St-Zip:	LAKEMARY, FL 32740	

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: SHARON STALLWORTH PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date