

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003557

FILED
Apr 30, 2009
Secretary of State

Entity Name: HOPE INTERNATIONAL MINISTRIES OF SARASOTA, INC.

Current Principal Place of Business:

6622 MARTHA RD.
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

6622 MARTHA RD
PARRISH, FL 34219

New Mailing Address:

FEI Number: 20-0209200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUTINSKY, RON K
6622 MARTHA RD.
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

KUTINSKY, RON K PRES
6622 MARTHA RD.
PARRISH, FL 34219 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: RONALD K. KUTINSKY

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KUTINSKY, RON K
Address: 6622 MARTHA RD.
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: KUTINSKY, DONNA M
Address: 6622 MARTHA RD.
City-St-Zip: PARRISH, FL 34219

Title: D () Delete
Name: WOODS, KAREN
Address: 6630 HIGHLAND AVE.
City-St-Zip: CINCINNATI, FL 45236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KUTINSKY, RON K PRES
Address: 6622 MARTHA RD.
City-St-Zip: PARRISH, FL 34219

Title: D (X) Change () Addition
Name: KUTINSKY, DONNA M DIR
Address: 6622 MARTHA RD.
City-St-Zip: PARRISH, FL 34219

Title: D (X) Change () Addition
Name: WOODS, KAREN DIR
Address: 6630 HIGHLAND AVE.
City-St-Zip: CINCINNATI, FL 45236

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: DONNA KUTINSKY

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date