

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010658

FILED  
Jan 16, 2011  
Secretary of State

**Entity Name:** ONEHOPE ASSOCIATION OF TRANSFORMATIONAL CHURCHES, INC.

**Current Principal Place of Business:**

600 SW 3RD ST  
POMPANO BCH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

600 SW 3RD ST  
POMPANO BCH, FL 33060

**New Mailing Address:**

FEI Number: 27-1398241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALFIERI AND ASSOCIATES, LLC  
5143 NW 42ND TERR.  
COCONUT CREEK, FL 33073 US

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

PAUL R. ALFIERI, P.L.  
5143 NW 42ND TERR.  
COCONUT CREEK, FL 33073 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: PAUL R. ALFIERI

01/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HOSKINS, ROB  
Address: 600 SW 3RD STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: DVP  
Name: BERKEY, DALE  
Address: 600 SW 3RD STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: DVP  
Name: TCHIVIDJIAN, STEPHAN  
Address: 600 SW 3RD STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: T  
Name: LARIA, JON  
Address: 600 SW 3RD STREET  
City-St-Zip: POAMPANO BEACH, FL 33060

Title: S  
Name: BRASINGTON, DEE  
Address: 600 SW 3RD STREET  
City-St-Zip: POMPANO BEACH, FL 33060

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: ROB HOSKINS

PRES

01/16/2011

Electronic Signature of Signing Officer or Director

Date