2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000902

FILED Feb 02, 2009 Secretary of State

Entity Name: HOPE COMMUNITY COVENANT CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: HOPE COMMUNITY COVENANT CHURCH 5217 S. MILITARY TRAIL LAKE WORTH, FL 33463 US **New Mailing Address: Current Mailing Address:** HOPE COMMUNITY COVENANT CHURCH 4781 N. CONGRESS AVE. #207 BOYNTON BEACH, FL 33426 FEI Number: 65-0413125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RARDIN, MICHAEL JR. 740 N.W. 10TH CT. BOYNTON BEACH, FL 33426 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CLARKE, JOHN E Name: Name: 11150 STONYBROOK LN Address: Address: City-St-Zip: BOYNTON BCH, FL 33437 City-St-Zip: Title: DC Title: () Delete (X) Change () Addition OSTER, HAROLD A Name: OBERMAN, LAURIE Name: Address: 9879 SUN POINT DRIVE Address: 5823 37TH CT. City-St-Zip: BOYNTON BEACH, FL City-St-Zip: GREENACRES, FL 33463 US Title: (X) Delete Title: () Change () Addition MEDEROS, FIDEL E Name: Name: Address: 7492 SALLY LYN LN. Address: City-St-Zip: LAKE WORTH, FL 33467 73 City-St-Zip: Title: DS () Delete Title: () Change () Addition CARNEY, CAROLYN Name: Name: Address: 1601 16 LANE Address: City-St-Zip: GREENACRES, FL 33463 City-St-Zip: Title: (X) Delete Title: () Change () Addition PARKS, KENNETH Name: Name: 1885 ABBEY RD. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33415 City-St-Zip: Title: () Delete Title: (X) Change () Addition FLOYD, MICHAEL FLOYD, MICHAEL Name: Name: Address: 703 11TH ST. Address: 703 11TH ST. BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426 US City-St-Zip: City-St-Zip:

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: JOHN E CLARKE DT 02/02/2009