2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N04000000041

Entity Name: ACCESS HOPE INC.

Current Principal Place of Business:

23 JACKSON AVE NORTH
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

Current Mailing Address:

9901 CISCO DRIVE
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 11-3735317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, FAYE T
9901 CISCO DRIVE
JACKSONVILLE, FL 32219 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: PRES ( ) Delete
Name: EVANS, FAYE T
Address: 23 JACKSON AVE
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: VPT ( ) Delete
Name: EVANS, RODNEY D
Address: 4850 ROSSELLE ST
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: MARK ( ) Delete
Name: BARASHES, ELLAREE
Address: 7544 COLLINS CT
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: SEC (X) Delete
Name: EVANS, JENNIE C
Address: 23 JACKSON AVE
City-St-Zip: JACKSONVILLE, FL 32220 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change ( ) Addition
Name: MOORE, JENNIE E
Address: 23 JACKSON AVE NORTH
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FAYE T EVANS PRES 04/24/2007

Electronic Signature of Signing Officer or Director — Date