

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002392

Entity Name: CENTER FOR HOPE MINISTRIES, INC.

Current Principal Place of Business:

4203 SPAFFORD AVE
WEST PALM BEACH, FL 33409

Current Mailing Address:

P.O. BOX 221674
WEST PALM BEACH, FL 33422

FEI Number: 62-1805117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLIOT, LISA
4203 SPAFFORD AVE
WEST PALM BEACH, FL 33409 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

Officer/Director Detail :

Title CP
Name ELLIOT, LISA
Address 4203 SPAFFORD AVE
City-State-Zip: WEST PALM BEACH FL 33409

Title VP
Name DHARRAMPAUL, SHARON VP
Address 11617 51ST COURT NORTH
City-State-Zip: WEST PALM BEACH FL 33411

Title TREASURER
Name FOXWORTH, LAKISHA SEC/TRES
Address 1441 BRANDYWINE RD. APT 500A
City-State-Zip: WEST PALM BEACH FL 33409

Title VC
Name WHITEHEAD, ROGER
Address 136 KEYLEE LANE
City-State-Zip: MARYVILLE TN 37804

Title D
Name GLASS, CHAROLETTE
Address OLD MARYVILLE PARKWAY
City-State-Zip: MARYVILLE TN 37804

Title D
Name HOGAN, ERVIN
Address 1326 W.26CT
City-State-Zip: RIVIERA BEACH FL 33404

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: LISA ELLIOTT

PRES

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date